The Analysis of an Obsessional

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R. W. PICKFORD

M.A., Ph.D., D.Litt.

With a Foreword by

Angus MacNiven

M.B., Ch.B.

The Hogarth Press

This book, by the senior lecturer in Psychology in the University of Glasgow, is of exceptional interest to all psychologists, psychiatrists, social workers and others who feel a need to see the theoretical and practical aspects of psycho-analysis welded together and displayed as a single whole.

It gives, step by step, a detailed account of the analysis of a patient who had an obsessional breakdown. Numerous dreams are quoted and their analysis by the free association technique is illustrated very fully. Most of the dreams are unusually vivid and they illuminate all the deepest and most obscure phases and levels of infantile development and conflict. At the same time, they illustrate admirably the most recent developments of analytic theory.

The analysis of the transference is discussed clearly and the whole material of the treatment is used as the basis for explanations of the theory and technique of psycho-analysis.

The theoretical parts are dealt with at appropriate places in the course of the continuous account of the patient's treatment and cure.

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THE ANALYSIS OF AN OBSESSIONAL

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THE PSYCHOLOGY OF CULTURAL
CHANGE IN PAINTING

INDIVIDUAL DIFFERENCES IN
COLOUR VISION

THE ANALYSIS OF AN OBSESSIONAL

By

R. W. PICKFORD
M.A., Ph.D., D.Litt.

With a Foreword by
ANGUS MacNIVEN
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To
RUTH

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FOREWORD

By

ANGUS MacNIVEN

M.B., CH.B., D.P.M., F.R.C.P.ED., F.R.S.E.

Medical Superintendent, Glasgow Royal Mental Hospital, and
Honorary Clinical Lecturer in Psychiatry, Glasgow University.

IT is a great pleasure to introduce this work on psychopathology and analytic therapy, whose author, Dr. R. W. Pickford, is already well known for his work on experimental and social psychology.

The extension of his studies into the field of psychotherapy will, I am sure, be read with very great interest.

I have had the pleasure of collaborating with Dr. Pickford over a period of ten years in the work of an out-patient psychiatric department, and I believe his co-operation has forged a valuable link between clinical and academic psychology.

I have found my association with Dr. Pickford stimulating and helpful, for he is not only a psychologist of high professional standing who is skilled in personality and intelligence tests and in experimental methods, but he has also a grasp of psychopathology and psychotherapy which enables him to approach the problems of patients with understanding and sympathy. I think it must be unusual for an academic psychologist to acquire the degree of knowledge which the author has, of abnormal psychology, by the method of clinical investigation, which has enabled Dr. Pickford to test and verify for himself the practical value of analytic techniques and theories.

Hitherto, Dr. Pickford's main contribution to his science has been upon the psycho-physical study of colour vision and colour blindness, and he has brought to this investigation the same scientific caution apparent in his other work, testing each theoretical step with thoughtful scepticism.

His book is a bold attempt to draw a word-picture of analytic technique and he has done this in the only possible way in which it can be done successfully, by the direct experience of clinical investigation, and in a very vivid way he has used the material gained from the analysis of his patient to illustrate the problems and various steps of treatment.

Although he has dealt briefly with the various types of analytic psychology and psychopathology, he had thought it prudent as far as possible to avoid discussion of controversial issues.

By his graphic and lively style he has solved with some success the problem of making a serious work animated and easy to read without any sacrifice of the seriousness and gravity which one expects in the description of clinical and scientific work.

I know that Dr. Pickford does not believe, as do many who become deeply interested in psycho-analysis, that this branch of the science of psychology should take precedence over its other branches or displace them. He has a broad and balanced outlook and he believes that experimental and social psychology are still the foundations from which to make a general approach to the science, both from the academic and practical standpoints. He believes that clinical psychology and psychotherapy are specialized branches, and although he regards psycho-analysis as deeply illuminating, he thinks that its theories should be introduced into the general teaching of psychology only to a degree which can be integrated with a broader scheme.

Dr. Pickford does not share the view, which, in the writer's opinion, has little to support it, of those who criticize Freudian analysis on the ground that it fails to take cognizance of the higher values in life. On the contrary, he is convinced that it is only possible to understand human nature by giving full weight to man's moral and spiritual strivings, and in this work he approaches some of the most difficult problems of life and deals with them with the tolerance, constructive sympathy, and humour, which is characteristic of him.

PREFACE

IN view of the growing interest which psychologists and psychiatrists, as distinct from the psycho-analysts themselves, are taking in analysis today, it seems worth while to present a full account of the treatment of a single patient. This has not been done before to reveal so fully the mental processes and functions involved in an individual's development from the earliest stages of infancy, or by an experimental and social psychologist himself trained in analysis. It is not easy to obtain permission of a patient for full publication, or to gain the evidence of a mass of free associations so detailed as presented here, because most patients feel the need for permanent secrecy, and few are able to produce such a free flow of unconscious material. To have both of these conditions for the completion of a book about a single patient fulfilled together, gives an opportunity which should not be lost.

Full notes were kept at the time of the analysis, and, later, on account of the interesting fantasy material produced by the patient, and the clear way in which the details of the illness and its causes and treatment revealed themselves, it seemed worth while to explain the steps which had led to his cure, in such a way that many people could see the clinical functions of analysis and its scientific status sympathetically expressed. Many years have elapsed, in which his good health and happiness have been fully established since the treatment ended, and it is now possible to view the analysis in perspective from an advantageous distance.

The book might have been called '*The Eighty-Eight Armed Octopus*', or '*Eyeballs and Jelly-Fish*', because of the importance of the deeply unconscious themes so named, which were central problems in the analysis. They were the pivots upon which everything else rested and turned. Their significance will be explained in appropriate places, and the details of the analysis will show what deep roots there may be to an apparently simple obsessional neurosis.

About half of the book consists of the notes made at the time, transcribed almost verbatim or expanded in order to make them more intelligible. They were written immediately after each session, and amounted to about 133 pages of closely written manuscript. It is inadvisable to make notes during a session itself. The analyst must concentrate, visualize what the patient is describing, and remain almost motionless except when he has to offer an interpretation. It would be impracticable for analysis to proceed in the presence of a third party, such as a shorthand typist, however highly trained and skilful, because the tensions of jealousy would soon be excited by a three-cornered arrangement such as this, whether the patient, analyst or typist were man or woman. Only under special conditions could a patient report dreams and give free associations to them while knowing that they were being recorded at the time, and it is most unlikely that a sound recording so made would be convincing or even interesting to other people, such as students, for example, because they would not be able to take part in the analysis as experiencers of its meaning for the actual patient. A sound recording made under such conditions would be at best artificial from the point of view of the listener who was not being analysed.

Moreover, no success would be obtained by a clinician who recorded his patient's sayings during the session itself without his permission or knowledge. Sound recorder and one-way viewing windows would not be of much help, because the risk that the patient might find out that he was being deceived would be too great to take. Indeed it is unlikely that a serious patient could be persuaded to agree to such an intimate treatment as analysis unless he felt confidence of absolute privacy while it lasted. From this it does not follow, of course, that we should wrap up the whole clinical system and procedure of analysis with artificial secrecy, but the patient's feelings must be securely guarded. If he had suspicions that his sayings about intimate matters were recorded at the time, this confidence and the mutual sympathy between analyst and patient would be lost. It is a big enough strain for the patient to realize that notes must be kept by the analyst for clinical purposes, but he does not see them actually being written. In taking notes in an out-patients' clinic we meet with the same difficulty to a lesser degree. When the patient begins to reveal especially private matters, it is as well to stop writing and memorize the details in order to record them later.

Some scientists would be more satisfied of the status of psycho-analysis if they could have verbatim records made at the time without the patient's knowledge—and perhaps without the analyst's knowledge too. The real remedy for the supposed weakness in this lack of 'objective' recording is surely to be psycho-analysed oneself. Those not willing should be gracious enough to be more guarded and withhold their criticisms, because it is just as difficult to learn to observe the thoughts and feelings of others as to observe stars and physical processes, and no science is criticized best by those who have not worked in it.

The analyst, however, trains himself in memorizing what is said, and makes a special aim of concentrating most carefully upon those points which do not fit in with his pattern of expectations, because these are the very points which require special attention in the treatment. It is not the aim of psycho-analysis to impose ideas on the patient, to train him or to teach him in any way at all. On the contrary it is the aim to adapt oneself to the patient's thoughts and feelings and to their constant changes and movements, often quite unexpected, and not to interpose interpretations unless they are necessary to help him in grappling with his difficulties. Those who are unaccustomed to psycho-analysis often fail to realize that the combination of passivity, sympathy and strong-mindedness required to play the analyst's part calls for special qualities and serious training. Essentially it is the patient who struggles with and solves his own problems, not the analyst, who remains passive. The material presented in this book is as objective as any scientific material, and the theories used to handle it are just on the same level as any other scientific theories.

In writing it has been necessary to present the dreams, associations and interpretations, and also the details of the patient's life, in a sufficiently concise form to be readable. The treatment of this patient was relatively short, amounting to about eighty sessions of an hour or an hour and a half each, spread over eighteen months. An absolutely complete account would occupy many times the space of this book. The movement was often very slow and more repetitive than shown here, and a written account, however skilful, can give at best a somewhat imperfect impression of what happens.

Needless to say, this account is not presented as a typical example, nor in the spirit of criticism of other work, nor to show anybody what to do. It is not a clinical guide to psycho-analysis. The material and ideas about it will be only too familiar to analysts. The approach to the patient and his problems is individual because both therapist and patient were individuals themselves. Each analyst has his own ways of approach and of treating the material to be analysed, and the peculiar aptitudes and difficulties of each patient must be considered carefully. The fact that it is individual does not make it less scientific. A man may be a scientific gardener without his garden losing its individuality. Indeed all scientific pyschology must be capable of dealing with the individual and no psychology which fails to do this will be truly scientific.

In writing the account three aims have been kept in view. The *first aim* was to reveal as far as possible the spontaneity, repetitiveness and perhaps some may think, the waywardness of the treatment. This aim has made it seem best to report numerous dreams with their associations and interpretations, often somewhat curtailed for want of space. These will show how there is both a general and characteristic drift of the treatment through various phases to the end, and also an almost tireless repetition of the old themes constantly reappearing in new and slightly changing forms and settings. It is these qualities which make the treatment like a Persian painting or a Mediaeval tapestry, which at first seems almost monotonously conventional, but which, on careful study, proves to be full of new and ever-changing ideas.

The *second aim* was to try to explain the essential functions of psycho-analysis by drawing a picture in words of the way in which they operate. This is a method complementary to the more usual theoretical explanations, which, however brilliant they may be, never give a true impression of what happens in the course of treatment. As a *third aim* there was that of showing how the patient's mental and physical states changed in relation to his environment. In pursuing this aim three lines of action were necessary. The first was that of revealing almost continuous and steady improvement in the patient's condition. A study of this improvement will show that it came about by nearly imperceptible steps, so that the reader may often have the impression that there is no difference between successive points in the analysis, and yet the sum total of these infinitesimal changes shows a complete revolution of personality and outlook. The second line of action was to show that on certain occasions there was a definite set-back or regression owing to pressure created by the patient's own efforts to grapple with his environment. The third line of action was to show that in the end he became sufficiently flexible in personality to adapt himself to external conditions, and even to create a new world for himself to live in and was able to enjoy it.

In constructing the book theoretical explanations have been interposed at appropriate places, and it is to be expected that there should be more of these at the beginning, where new ideas are constantly being brought forward. Further considerations of a theoretical nature have been reserved for the final chapter. The case history is divided in such a way that distinguishable phases or aspects are dealt with in separate chapters. It must be said, however, that these phases were connected continuously in the actual treatment, and the divisions are often somewhat arbitrarily chosen.

I should like to express my indebtedness to the patient for permission to publish the details of the analysis; to Dr. Winifred Rushforth and to Dr. Angus MacNiven for the help they have given me in understanding psycho-analysis and clinical psychology; to my wife, who read the MS. before it was typed—no easy task; to Dr. Ernest Jones for his valuable criticisms, and to Dr. K. M. Abenheimer, Dr. Zevedei Barbu and Professor N. H. Cohn for their kindness in reading the typescript and discussing it with me. Names of persons and places in the book are fictitious, and certain clinically unimportant details have been disguised or omitted for obvious reasons.

R. W. Pickford

Glasgow, March 1952

CHAPTER I

PRELIMINARY CONSIDERATIONS

PSYCHO-ANALYSIS may have blurred the nicety of diagnosis in many ways, but it has brilliantly illuminated the complexities of the human personality and its possible disorders. The patient whose problems are discussed in this book came forward for the treatment of mainly obsessional symptoms and phobias, but the intricacy of their unconscious basis will be apparent as we proceed.

THE PATIENT AND HIS SYMPTOMS

The patient was a young man, twenty years of age, who was an Honours student and was called up for service in H.M. Forces before completing his University Degree, and, owing to his great ability, was sent to do scientific experiments and research in the South. His home was in the North of Scotland. He met the writer before he was sent to do this research, when he was brought by a friend to act as a subject in certain experiments. At the same time he made the acquaintance of a man who was being treated by the writer and who told him about the treatment. The patient discussed in this book was not only sent away from home and University on scientific work, but was also sent, often at very short notice, to different parts of Britain, and sometimes to sea, or abroad by air, to do experiments and tests. He found this kind of life very disturbing, because it interfered with the regularity of his work, which was important to him. He suffered extremely from air sickness.

After he had been away for a year his mother was taken ill suddenly and died in hospital. He was unable to reach home in time to see her alive. She died of pneumonia, following a major operation. He retained vivid memories of seeing her in her coffin in the house before the funeral; of the coffin itself being taken out at the window because it was too long to go round the passages to the door; of standing by the grave pit and helping to lower the coffin with ropes; and of the depth of the pit, which frightened him.

About a year later, after an ordinary period of mourning, his father married again, and he found that he disliked his stepmother intensely, though he realized that she intended to be kind. He began to feel very unhappy and to be more and more worried by his work and by its irregularities. He soon suffered from pains in the left breast and fears of tuberculosis of the lung. He was afraid of spitting blood and of passing blood in his urine. He had a morbid compulsion to examine his urine and spittle. He began to be sleepless, spending the night 'thinking', though unable to say what he was thinking about. He lost his appetite, and gradually became obsessed with the need to put in order all sorts of objects, such as ornaments on the mantelpiece, books and papers, all of which he felt compelled to arrange with the greatest care in tidy rows or neat piles. It was not sufficient to do this once, because he felt compelled to tidy the same objects over and over again, never being satisfied that it was correctly done. He began to find his work insufferable, and the mathematical parts of it gained a distressingly sexual interest for him. He became troubled with compulsive masturbation, and often resorted to masturbating before he began his calculations, knowing that this would be inevitable before long and that it was easier to get the irresistible act over and done with at the start. He felt compelled to re-write pages of calculations innumerable times. His mathematical work gave him an erection of the penis and sometimes a seminal emission even without masturbating. He became intensely worried about weakening himself in this way, and about the possibility of emitting blood in masturbation. At the same time he gained a special hatred of sexual relations and of women, thinking that men were able to engage in serious and important work, while women were able to think only of sex and to suck men's vitality away from them.

On account of his fears of tuberculosis, he went to see a doctor, and was sent to a hospital, where, after exhaustive examinations, he was pronounced perfectly fit and ready for work. He was, however, so sleepless and worried that his doctor felt obliged to advise indefinite suspension of his research duties and a prolonged rest. On returning home he found he could neither sleep, eat nor rest and went to see his family doctor. He was sent to a psychiatrist who told him that he had a neurosis which would take a long time to cure, and that the fees for treatment would be 'in guineas'. This frightened the patient, who then remembered the writer and the treatment of his acquaintance. His doctor agreed to his coming to see the writer, who obtained the information so far related in the first interview, and agreed to start a regular treatment, carefully saying nothing at that time about its possible length or about the fees or costs. Subsequently he paid a nominal fee of three pounds for the entire treatment.

It was clear that he had been thoroughly studied from the point of view of physical medicine, and had been pronounced as being free from physical disease. This is an important consideration for the analyst, who must protect himself against the risk of spending the patient's time and money in trying to cure by psychological methods illnesses which might be handled better by ordinary medical or surgical treatment. At the same time, it is, of course, equally important to be on the look-out for the possibility, not infrequently met with, that a patient may have been undergoing physical treatment unsuccessfully for disorders which ought to be dealt with by psycho-therapy, but in the present case this had not happened, because the hospital authorities had discharged him as fit for work.

In the first interview it was necessary to gain a clear idea of what kind of person the patient was, and of the way in which he might be expected to respond to treatment. Clearly he was an intense and earnest student, of the highest level of intelligence and scientific training, who had reached the limit of endurance of his symptoms and might be expected to make a serious effort to co-operate in any treatment which would help him. He was already sympathetic with psycho-analysis, though in a rather remote way, on account of conversations with his friends while fire-watching, and had a high opinion of the writer. He was, however, in such a disturbed state of mind that he had considerable difficulty in forcing himself to come in and ascend the stairs to the early interviews. He was suffering from obsessions, compulsions and phobias. The obsessions were seen for instance in 'thinking' at night and in the sexual ideas which troubled him while doing mathematics; the compulsions in the need to masturbate and to put the ornaments in order even though he knew he had just set them right; the phobias appeared in his fear of tuberculosis, of spitting blood and of passing blood in masturbating.

As a reaction to his mother's death and father's re-marriage, his illness might have been called a depression with a schizoid basis and mainly obsessional symptoms, and this will become clearer in later chapters. He was not consciously depressed, however, having no deep sense of gloom, no feeling of extreme unworthiness, no desire for death or morbid preoccupation with thoughts of it, and no special guilt over such an act as masturbating, for his distress over that was more due to its compulsive insistence than to feelings of guilt. It is true that depression or mourning of some degree usually follows the death of a person to whom there are strong emotional ties, and for three reasons. Firstly, there is the loss of the object of the attachments, and the impoverishment owing to this loss is overcome only with difficulty during a period of mourning or depression, or perhaps not at all. Secondly, identification with the deceased person makes itself felt in consciousness as a wish for death, or perhaps as a fear of death or preoccupation with the thought of it instead. Thirdly, the death is always to some degree and in some sense an unconscious wish-fulfilment which excites repressed or even conscious guilt either owing to latent infantile aggression against the person, which will be seen clearly in the present case, or in other ways. It is not necessary, however, that a nervous or mental disorder which follows the death of a person to whom there are strong emotional ties must be a depression. A young woman passed into a state of simple schizophrenia following the death of her mother, which left her with her father all to herself. A young man had an obsessional breakdown on a schizoid basis, not unlike that of the present patient, when his father died suddenly, and another had an atypical schizoid depression after his mother's death. A middle-aged man had a serious hysterical breakdown when his mother-in-law died, and a middle-aged woman had a manic attack after the news of her son's death in a war prisoners' camp. A young woman had a neurotic breakdown in which the main symptom was a phobia of trams and buses following her father's sudden death. All such cases are very complex, and the effect of a death upon a given person depends on many factors, most important among which are that person's particular mental organization at the unconscious infantile levels, and his precise emotional relationship with the deceased individual.

The personality of the present patient was judged to be schizoid rather than melancholic in background. He was of a tall and thin physique, in technical terms of an athletic-asthenic body-build, was very detached and introverted, and decidedly over-intellectualized. He was a person who tended to withdraw himself from daily life and ordinary social contacts, of a seclusive and analytic turn of mind. Although he was not markedly schizoid, an interview was arranged for him with an experienced psychiatrist, in order to consider whether analysis might be dangerous, since it is unsuitable for persons of a seriously schizoid disposition. It is well known to tend to accentuate the split with reality contacts already latent in such persons, and they are liable to withdraw into fantasy under special strains or even under the emotional tensions which might be encountered in analysis. The nature of these strains will be seen clearly in later chapters, and, to say the least of it, for such a patient analysis would have to be conducted in a way which would avoid increasing the split with reality. The psychiatrist confirmed the view that the patient was an obsessional with an essentially schizoid background, but his decision was favourable to analysis and the patient was asked to come at suitable times. Two visits a week were arranged at the start, although more frequent visits would have been better.

THE IMPERSONAL NATURE OF PSYCHO-ANALYSIS

The technique of dream analysis was adopted forthwith, and in the second interview the patient was invited to sit in a chair, facing the fire with the analyst, and to recount his dreams. This position is less usual than that in which the patient lies on a couch, but it was preferred at the start in this case, because the patient showed some resistance against any formalities which suggested medical treatment, and was afraid of lying on a couch or bed because that was the position in which he had been examined and had received injections which had much disturbed him. At later interviews he lay on the couch, with a large table placed between him and the analyst to reduce any impression of personal interference by the latter. In the first interviews, during which the patient was sitting, the analyst took advantage of a square column supporting the ceiling, and placed the chairs with it between them.

It is difficult for most non-analytic therapists, for teachers and for those who give moral guidance, to understand the passive and impersonal nature of psycho-analysis. The analyst seeks to avoid impressing his personality on the patient, avoids solving his problems for him, and, above all, refrains from any kind of moral judgment, comment or guidance. It is impossible for those not practised in analysis to do this. They feel that it is dangerous, and they do not see that it is necessary or how an attitude so passive could help anybody in serious difficulties. Even if they did see the necessity, they could not put it into practice without undergoing special training. In their response to the patient's need they would be unable to refrain from rushing in to put things right, whereas analysis makes use of the patient's latent capacity to help himself, and relies on mobilizing this rather than upon bringing influence to bear on him to act in a certain way which seems right. The analyst realizes that the patient must solve his own problems, and that he has usually applied moral censure and guidance to himself, and had them applied to him by others to exhaustion, in futile efforts to set matters to rights, before coming for treatment. Another course must be adopted. It is that of persuading him to relax the overstrained moral efforts, and to seek, with the impartiality of science, the dangers which underly the illness, so that they can be laid bare at their roots. Often these roots are very difficult to find, but, when they are actually revealed to the patient by his own efforts, under the protection and encouragement rather than the control of the analyst, and are grasped and assimilated into his normal life, tremendous changes will be produced, some of which can be illustrated in this book. Then it is the patient, not the analyst, who finds that the application of moral control becomes possible for him again, and he has the immense advantage of making that discovery and putting it into action by his own efforts, instead of trying to do what somebody else dictates. The real therapist in this process is the patient himself and not the analyst. When the cure is complete the analyst discreetly effaces himself and leaves the patient in control of his own life.

To protect and encourage the patient's ego during months of wandering through what are often perverse, childish or infantile fantasies; to be undisturbed and neither dejected nor excited to intensified efforts by apparent failure; to approach with indifference and to understand the verbal attacks directed at him by the patient in place of others against whom he has for many years harboured aggression unintentionally; to interpret when interpretation is called for, but to avoid it otherwise, even when interpretations are so obvious to the analyst that it may seem to him impossible that the patient cannot see them too; these and many other functions are wrapped up in what has been called the 'passivity' of the analyst. He does not seek to convert the patient, and, indeed, at the end of the treatment it is not necessary that the patient should continue to be interested in psychoanalysis. The memories of the treatment may largely vanish, and many patients simply pass into a new and happier life, in which the analysis fades to a mere background of the past, and they may even come to disbelieve in it, accepting the results and disowning the method. Others retain a permanent interest and some may become analysts, but, be this as it may, the making of converts is certainly not part of the essential aim of the technique of this kind of treatment.

THE PSYCHOLOGY OF INSTINCTS

It will be most illuminating to take a biological view of instincts with their corresponding emotions as the fundamental sources of human motivation and as providing certain basic, though highly flexible, patterns of behaviour. Sexuality and reproduction, escape, defence, aggression, and food-seeking are the most outstanding, while the social tendencies are important but less clearly defined. These instincts serve biological functions and are to be viewed as adapting the organism to life in its particular environment.

The sexual instinct provides powerful urges which give the opportunity for the fusion of male and female gametes which is necessary to reproduction, its basic function being the distribution and re-distribution of hereditary genes or determinants among germ cells in a given species. In order to ensure this the more effectively Nature has endowed the sexual urges with the most intense pleasure-giving capacity, and they are sources of the deepest satisfaction and happiness to the individual. In all mammals, and in most other animals, the opportunity for fusion of gametes is given by the copulation of male and female. In mammals the sperms or male gametes are deposited in the vagina and can find their way into the uterus where an egg-cell, or female gamete, may be met by a lucky sperm. The zygote, or fertilized ovum, may then attach itself to the wall of the uterus and develop into an embryo or foetus, and grow there until birth.

The comparative biology of reproduction is highly complex, and there are several forms of non-sexual reproduction which are widespread. Spore formation is perhaps the most noteworthy of these, and in a great number of plants and many animals the reproductive cycle is based upon an alternation of sexual and a-sexual generations. This however, does not apply to human beings or the higher animals, and among them the sexual instinct involves not only the copulation of adults, but also the urges to protect and care for the offspring and frequently for the male to guard and perhaps to feed the female as well. In Man love for the partner is much more complex than simply a sexual urge, owing to influences which will become clear later. Although mateships are often associated with much conflict between rivals, in the immediate relatives of Man there is little or no evidence that sheer promiscuity is the rule. On the contrary, among higher animals it is a rare form of adaptation. A thorough study of the sexual life of animals shows that evolution has moved towards various types of mateship. Some species tend to make permanent mateships, others seasonal, some solitary, others within the herd, some monogamous and others polygamous. Polyandrous mateships, in which one female has many males, are rare in the animal kingdom, and polyandrous marriage systems are rare in Man. The apes most closely related to Man appear to make monogamous or polygamous mateships, generally within a larger herd or social group. The gorilla and chimpanzee are believed to be monogamous and the baboon polygamous. Evidence from animals living under domestication, which suggests promiscuity, is not acceptable, and the fact that much conflict occurs in the establishment of mateships does not show that promiscuity would be a natural goal, either in Man or among the higher animals. Man's social organization is founded on the pattern of his sexual-reproductive instincts, and marriage is a socialized aspect of its expression, but human instincts are highly plastic and flexible, and their direct expression is much masked by complex social influences which psycho-analysis can help us to unravel.

A central difficulty in grasping the theory underlying psycho-analysis has always been that it shows the sexual instincts as beginning to develop in infancy, though they express themselves in their early stages in a variety of ways which appear highly abnormal to the ordinary adult who has long outgrown them or repressed them deeply within his own unconscious. The problems of infantile sexuality will be brought up and discussed on many occasions with concrete data to make them more convincing. Aggression, defence and escape are found as adaptations to danger situations in all animals and human beings are no exception. These instincts, especially aggression, create many difficulties in social life, but it is important to say that aggression is a normal instinct and is not bad in itself any more than sexuality is bad. How it shall be used in social settings is the great pyschological problem about aggression, for it can no more be eradicated by training than the sexual instinct.

This leads to one of the central points. From the angle of psycho-analysis it is found that the sexual urges and aggression are of such paramount importance that there is a strong tendency to represent them as the only instincts, and indeed this may be right. Sexuality, reproduction, escape, defence and food-seeking may be represented as components of the 'life' instinct, aggression and destruction in all their forms as components of the 'death' instinct. In the formulation which follows of the theory of libido or sexuality, and aggression for which the term destrudo has been suggested but never generally adopted, this general plan has been used, but it is difficult to think of a 'death' instinct which is in any way understandable as a form of biological adaptation. The expression 'death' instinct has therefore not been utilized. It is, however, an interesting speculation that the libido might be defined as a tendency to counteract the second law of thermodynamics, and to build up, integrate and organize more and more complex patterns, these being from the psychologist's point of view organic patterns, and thus to give and create life, while the 'death' instinct might be defined as equivalent to the action of that second law itself, leading to the destruction and dissolution of diversified and organized systems and of living matter at the same time.

In order to understand clearly his thoughts, feelings and actions it is useful to view the patient—or any other person—as the centre of positive and negative 'charges' which are distributed over the objects and persons which interest him. These charges, derived from the instincts of sex and aggression, are indeed the sources of his interests in the main, and he himself is one of the objects upon which they are distributed. In static electricity unlike charges attract and like charges repel, but in the libido theory positive charges attract and repulsion is caused by negative charges. We have to think of these charges as being set up in two different ways. Objects which receive a positive charge are said to be cathected or invested with libido, which makes them attractive, while those from which the libido is withdrawn are anti-cathected and receive a negative charge which makes them indifferent or repulsive. Precisely the opposite conceptions can be applied equally well to the distribution of aggression. Those objects which are invested with aggression have a psychologically negative charge, while those from which it is withdrawn are positively charged. We must think of the investment with aggression as counteracting the investment with libido in the simplest cases, while in others, of which there are very many in daily life, it is possible for an ambivalent investment to occur, in which libido and aggression are attached to the same object, and this, obviously, makes it a particularly difficult object for the individual to deal with. Indeed other combinations can occur, as mentioned before, and either instinct can act as the channel for expression of the other or equally readily block its action under different circumstances. While most ambivalences involve the alternate, or at least the conflicting investment of the same object with libido and aggression, ambivalence may also be produced by the alternate investment and withdrawal of either of these instincts separately. Where libido and aggression are combined rather than in conflict, we find sadism if the object invested is another person or a substitute for one, and masochism if the combination is self-directed. Strictly speaking, sadism implies consciousness of sexual pleasure from the infliction of pain, and masochism implies consciousness of it in receiving pain, but these terms are often used, though incorrectly, where the sexual pleasure is not consciously experienced, but is repressed into the unconscious.

THE POSITIVE TRANSFERENCE

The positive transference is an investment of the analyst with the patient's libido, and a withdrawal of aggression, which brings about a very strong positive interest in him, and which gives him most of his power to effect helpful changes in the patient's personality, in ways some details of which will be given later. The transference is never a simple investment with libido and withdrawal of aggression, however, because the patient, like every one of us, has passed through a long history of changes in the distribution of his investments which have left important and often permanent effects on his personality. Indeed this very personality and all his interests must be regarded as products of the interaction between these distributions or investments of libido and aggression on the one hand, and his hereditary endowments on the other. In making the transference the patient—or any other person who makes a transference—invariably projects all the fundamental systems of instinct distribution already within his personality and often hidden by repression and sometimes in sharp conflict with each other. He does this unconsciously and is merely aware of their conscious effect without understanding the causes at work. The analyst is liked and admired (or hated and feared, which is the effect of an otherwise similar but negative transference) because the patient puts him in fantasy in the place of his father, of his mother or of some other person, and behaves towards him as he behaved or wanted to behave towards them, in ways dating from early infancy. It is for this reason that the transference is so important. In the technique of analysis described here, it forms the stimulus for the patient to recall and express his past difficulties, and for their analysis and resolution. This resolution consists mainly in bringing the fantasies and impulses, which seemed dangerous to him in infancy and childhood, into consciousness and proving by testing them out that they are harmless and that he need not defend himself against them.

The analyst draws upon himself the positive transference in order to use it to the patient's advantage. He avoids drawing the negative transference upon himself, except in small doses, and at least at the beginning of a treatment, when it might cause the patient to leave him. When it does arise he exploits the predominantly positive transference to help the patient to analyse and dispel it. Analysis would not be likely to proceed for long with any success in the atmosphere of a predominantly negative transference, and it is obvious that good feelings and harmony should supervene in the patient's mind at the end of the analysis, rather than fear, hate and aggression. The analyst must exploit those opportunities to increase the positive transference when this is needed, but also to prevent it from becoming so intense that nothing can be done. Those patients in whom the libido is highly concentrated upon themselves, and who are in consequence very narcissistic, are difficult because the analyst cannot easily draw the libido upon himself instead. The way in which the positive transference may act as a resistance will be mentioned later, and the value of its analysis will be illustrated in a subsequent chapter.

If suggestion therapy or hypnotic suggestion were used, the positive transference would be employed to influence the patient to abandon his symptoms. It is well known that such treatment only too often has but a temporary effect, and does not really cure, like all treatments directed at the symptoms rather than at causes of illness. Hypnotism is most valuable when used to reveal causes, otherwise it is only a palliative.

In psycho-analysis, however, the positive transference is used to enable the patient to borrow some of the analyst's insight. This is the essential process of treatment. Every time the patient is able to borrow even a little of this insight he gains the power to re-trace his steps out of one of the many blind alleys in the maze of his life, and will not be caught in it so easily again, perhaps not at all. Often the borrowing has to be repeated over and over again, sometimes in the same blind alley, as will be seen in this book; then in another and another, until in the end the escape is effected, and patient and analyst are able to say farewell.

All through this process, which often seems to make little headway, the analyst must follow, always offering his insight but never thrusting it forward or obtruding himself, and certainly never insisting on a certain course merely because he knows it to be right. The patient must find out that it is right for himself before it is taken. There is a famous saying that you may lead a horse to the water but cannot make it drink. The analyst may be thought of as taking the patient, not to a single kind of drinking-place which he is prepared to insist upon as the right one, but to a variety of alternative places, in the expectation that the patient will find out for himself not only that he wants to drink but also that a particular pool or stream is the best place for him. The analyst accepts the patient's choice, moves to the chosen place with him and waits until he drinks. All he insists upon is to assure himself, but not the patient, that the chosen place is the right one for this particular person who is under his care.

THE NEGATIVE TRANSFERENCE

There is also the possibility of negative transference. This must be watched for, exploited to advantage by being interpreted, proved harmless and dispelled so that the positive transference continues to hold the field. Every patient needs someone upon whom he may discharge passionate aggression and hatred. The analyst must allow him to do this when he wants, though not in such a way as to endanger the treatment or to injure his person or property. It must be done in a symbolic and generally in a verbal way. The patient must be helped to understand with insight the origin and causes of his hatred, and to prove to himself that it is harmless and belongs to a world of fantasies and past infantile experiences. To injure the analyst mentally or physically would intensify the patient's fear of his own aggression, and this would hinder the treatment. It is usual for the patient to feel hostile when the analytic process brings out and displays the repressed emotions and attitudes of his childhood. Also he projects upon the analyst hatred previously felt for persons in his past life, such as his father, and this transference makes him think the analyst is a hostile, unsympathetic or repulsive person. The transference is therefore one of the best ways of bringing these attitudes out and understanding them, so that their mode of action may be changed and they may cease to interfere with the patient's life. It is a mistake to suppose that in allowing the patient to discharge aggression we are exhausting a finite quantity of energy which may, so to speak, be dried up at the source. It is inexhaustible. The therapeutic process consists in bringing about a change in the patient's attitude to his own aggression, and in the manner in which he uses it in his relations with the objects and people who interest him. If the analyst can be mentally upset by the discharge of the patient's aggression, then we have the other problem, namely that of the counter-transference, which will be mentioned below. If the analyst hates the patient, or is specially attached to him, then the analytic game may be wholly lost, because the analyst will be caught in one of the blind alleys from which the patient is trying to escape. He has taken the patient to drink at the wrong pool, and the patient is like an animal which has been caught by the nose by a crocodile which drags him under.

Thus the analyst makes himself into a special kind of mother-father, helpful but passive as described, and avoids allowing his own emotions to interfere. Little by little he activates the many problems which the patient needs to resolve, and helps him to deal with them instead of denying them and resisting their expression, or clinging helplessly to infantile attachments. This is done by leading the patient to project those emotions into dreams, fantasies and transferences both to the analyst and to other persons, and by interpreting them in these forms with the assistance of free associations. It is a method by which emotions of the past are brought to light and assimilated by the patient's adult ego.

The passivity of the analyst therefore proves to depend on a clear scientific insight, and a technique for manipulating the positive and negative transferences to the patient's advantage. It is passive in the sense that the analyst never substitutes his own actions, feelings and decisions for those of the patient. It is he and not the analyst who is the horse that must drink, and he cannot be forced to drink, nor can anybody drink for him or choose the exact drinking place.

It might seem that the methods of psycho-analysis are confined to the consulting room and the special world it creates, but this is not true. In so far as equivalent social techniques can be applied in the outside world, those who find themselves being approached with psycho-analytic insight realize, though perhaps obscurely, that a new and more constructive kind of leadership than usual is being applied, and come to regard it with a special respect.

In the present case the positive transference was established easily and worked almost continuously to the patient's advantage. It was aided by the fact that the analyst was a scientist rather than a physician, the patient being a scientist himself and having a form of hostility to physicians which will be explained later. At a deeper level it was predominantly based during the first part of the treatment on the projection by the patient upon the analyst of the love for the mother he had lost. Fundamentally Man is a social animal. Most of his unsocial attitudes are produced as diseases, like the neuroses which will be mentioned later, or by the misuse of his own aggression against his fellow men. Indeed, in a biological sense his life is continuous with that of the mother, and when it is separated from hers by physical birth, it is continued uninterruptedly in the social world of individuals. Basically it is this continuity which the analyst exploits. In the later stages of the treatment of the present case love for the father was projected upon the analyst, though hate for the father was also transferred and projected on many occasions, some of which will be illustrated. In the later stages therefore the analyst was mainly a substitute for the helpful aspects of the patient's father, or, it would be better to say, for his fantasies of the helpful father. Thus he avoided playing either the part of the devouring mother, who cannot allow herself to give freedom to her offspring, or of the castrating father, who refuses them sexual potency. This made a new world for the patient, who found it was a world in which he could discard the perverse safeguards of his symptoms. The analyst's willingness to play these parts, and his clear awareness that he was doing so, necessarily leads to a short discussion of the counter-transference. Before passing on to this problem, however, it may be said that the analysis and interpretation of the transference has, for obvious reasons, become one of the analyst's main instruments in his therapeutic work. Reviving repressed memories and emotions is valuable just in so far as they can be interpreted and assimilated into present adult life. The insight given by interpretations is of great importance in promoting this assimilation, as will be seen over and over again in the following pages. Analysis of the transference itself, however, enables the therapist to confront the patient with his past emotional problems, as if they were present to him now, and gives unrivalled opportunities for insight if handled in the right way.

THE COUNTER-TRANSFERENCE

Although the analyst has been trained in the technique of being impersonal and passive more fully than any other scientist, he must still approach the whole process of treatment as a personality himself. His personal approach may be supposed, for the sake of the present exposition, to affect his functions in two possible ways. Firstly, he will have a permanent interest in his professional activities as a therapist. This is highly complex from a psychological point of view, and cannot be discussed fully here, but it may be, for example, a predominantly motherly or fatherly attitude, according to his own personality. His special motivation as a therapist and his special attitudes to his patients will depend on the precise details of his own life and of his experiences since infancy. He will know about these details and will have learned to use his particular gifts to the advantage of the patients. Secondly, therefore, his personality is one of the main instruments he uses in the treatment. All therapists know this is important, but the analyst has reduced the technique of exploiting his personality to a fine art, particularly because he is both insightful and passive about it, whereas other kinds of therapists who succeed in being passive are not usually insightful, or if insightful are not passive.

In the course of the treatment the analyst's interest flows out freely to meet the patient's problems. He concentrates intensely on the patient and what he is saying, visualizes his dreams, follows and even anticipates in his own mind the free associations and their probable interpretations, and frequently must be ready to give that almost imperceptible touch which enables the patient to free himself when he might otherwise be trapped in a blind alley. All this implies a form of libidinal cathexis, but it is a professional interest and skill, and not a tr[illegible]ence based on the projections of infantile fantasies and [illegible]ve kin[illegible]s.

The analyst has the capacity to interpret to himself reg[illegible] relationship with the patient. Without that understanding the outcome of their interaction would not be controlled by the analyst's ego, and the patient's ego would not receive the support which it needs to be able to go on with the treatment. There would be blind unconscious forces in the therapist of the same order as those with which he is trying to help the patient to deal. This kind of difficulty always arises when one person is trying to help another to deal with his own unconscious frustrations—when a person is trying to help another to escape conflicts which he has not been able to escape himself. Unfortunately the essential motivation of many moralists is of this order. They whitewash themselves and then spend their time in trying to make others use the same kind of whitewash. It is in order to avoid the effects of the counter-transference and the consequent 'blind spots' in the clinical process, as well as to learn the technique of analysis at first hand, that the analyst must be analysed himself as part of his training.

Manifestly it is not possible that the counter-transference should be totally absent. If it were then the therapist would have no interest in the patient or in his welfare. Indeed, there must always be a small counter-transference, and it is sometimes betrayed to careful scrutiny, as in one analyst who constantly discussed his patients' unconscious desire to separate him from his housekeeper! A case was discussed by a distinguished analyst, in which dislike for the patient almost brought the treatment to an end, but was ultimately dispelled by analysis itself. In addition, all analysts and other therapists of every kind know that each of them tends to be more successful with some kinds of patient and less successful with others. What is required in practice is that the possible counter-transference should be slight but positive and directed to the patient's advantage rather than in such a way as to interfere with it.

FREE ASSOCIATIONS

The essential process of revealing unconscious material and emotions is by free association. This is done by relaxation, generally on a couch in a quiet room, by saying whatever comes into the mind spontaneously and at the same time withholding as far as possible all conscious and deliberate control of thoughts and ideas or feelings. We are so practised in exercising control, however, that this is impossible without taking a considerable amount of trouble in learning to do it. In free associations the sequences are expressive of the unconscious motivations and ideas of the patient, if complete freedom from conscious control is possible, but it is a difficult technique to acquire, and many patients are relatively unsuccessful or take a long time to learn it. Actually, however, absolute freedom from conscious intention or control is not necessary as a condition of analysis. What is necessary is that the patient should learn to understand the unconscious meaning of what he says and does, in addition to the conscious meanings. When there is a strong transference, every statement and act made by the patient in relation to the analyst has many meanings, and it is not difficult to learn to understand them.

In the present case there was very little difficulty in free association. The patient, after some instruction in the technique and a few examples had been given, began to offer a wealth of material which was often as fantastic as it was liberal. The associative process was not always verbal, and in fact he would often be striving inadequately to express in words the rapidly changing ideas and images which came into his mind. It is often supposed that the analysis proceeds exclusively by translating unconscious experiences into words. This is certainly not a necessity, though it is likely that words are the most convenient symbols to use in making these experiences conscious. For the present patient the purely verbal technique was only too often inadequate to catch his fleeting thoughts. What mattered seriously was that they were brought into consciousness, accepted by the ego and integrated into his adult personality, instead of being repressed and rejected. He would come to a session, settle on the couch and relate three or four dreams. The analyst would listen with concentrated attention, memorize the dreams, pick out a likely idea in one of them, and ask the patient to hold it passively in mind and report associations, however irrelevant they appeared to him. Then it would undergo a rapid series of changes, like a motion picture by Walt Disney, as if before his astonished gaze. Only fragments of this series could be expressed in words.

For example, in one series, which will be mentioned later, the idea of 'scythe' was taken as the focus for associations. The patient said something like this: 'The scythe's become a question mark; now it's a vacuum cleaner and the vacuum cleaner's changing into a church organ. It has hundreds of pipes. Now it has nothing but pedals. I'm thinking of the pedals of the organ—they've turned into the accelerator of a motor car. Oh! The accelerator's turned into a three-legged stool and its legs have become the legs of an octopus. Now it has eight legs. Now the octopus has eighty-eight legs. No! They are arms, and it is specially dangerous for sucking blood and it must be killed by poking out its eyes. Now I'm thinking of an umbrella and my father's standing under it and sheltering from filthy rain. He's at a fruit shop and is entering it and buying rhubarb from a man. The man's got a very red nose.' If there was an apparent gap in the linkage of associations, as between poking out the eyes of the octopus and the father standing in the rain, or if there was a pause or blockage, then the patient was invited to start again with a new idea. These gaps or blockages are often the most interesting parts, because they reveal or rather hide points of special importance, but which are subject to resistance for the very reason that they are particularly meaningful.

Associations of this kind often continued for half an hour at a time, and abbreviated versions of some of the most interesting series will be found in later chapters. The analyst, as explained, sat motionless, effacing himself and hardly breathing, lest an inadvertent noise or movement might disturb the sequence of the patient's ideas. Later he repeated the associations to the patient, offering interpretations where necessary, but especially trying to tempt the patient to give them for himself. In the end he always took care to complete each session with a rounded picture of the fantasies which had been revealed in it and their meanings. If, as often happened, the patient demurred or objected to an interpretation, his objection was acknowledged and freely allowed, and on no account was it disputed. Such a resistance of the patient usually showed that something of special importance had been touched upon, which would come up for renewed analysis later, when the interpretation could be readjusted if necessary.

THE RESISTANCE

Many examples of this will be given later. It is the influence of repression in the main, together with other mechanisms of defence, to be more adequately described in other chapters, with which the infantile ego protected itself from the distress of early conflicts. In the analysis, where those inadequate modes of defence have to be abandoned step by step, it is repeated, and they are replaced by the capacity of the mature ego to choose, to guide, and to co-ordinate the demands of instinct, duty and environment. The ego must effect compromise between them and accept responsibility for conscious judgment. Every time resistance is encountered we know that significant unconscious conflicts are at work. The presence of resistances and their particular distribution therefore act as major guides to the analyst in his approach to the patient's problems.

If the resistance cannot be analysed and dispelled it may bring the treatment to an end, when the patient will perhaps depart with stories of the futility of analysis and its dangers, and say how the analyst tried to force him to accept illogical ideas, and so on. To illustrate the resistance we may consider a homosexual patient, because homosexuals are often specially difficult, and in consequence many people think homosexuality is an inherited character trait not open to treatment. If the attraction to men of a male homosexual is analysed in order to dispel it, then the latent attraction to women will tend to be excited as an alternative. This is what would lead to a cure, but the very act of exciting it tends to arouse another resistance, namely that against the interest in women, to defend himself against which the homosexual attitude has been adopted in infancy. When the heterosexual resistance is dealt with the patient readily reverts to the homosexual defence, but resistance against analysis of this may be set up by the transference and the conditions of the treatment which is to cure his homosexuality. Thus there may be a double-jawed trap from which the patient's easiest escape is to discontinue the treatment and to accept his homosexuality as inevitable. The technique must be subtle enough to avoid this trap. This suggests a point which will be explained with examples in a later chapter, namely, the way in which the transference itself may be a resistance. It is easy to understand that this happens when it is negative and cannot be analysed by the patient, because then he meets the analyst with hostility and goes away railing against analysts. In the presence of homosexual impulses in a patient the positive transference to an analyst of the same sex may be a resistance because it sets up desires which cannot be fulfilled. Unless they can be analysed they will block the treatment. In this and similar ways even the positive transference may act as a resistance.

THE PROBLEM OF FANTASY

The term fantasy as used in this book accords to a great extent with the use of the term phantasy by some analysts, who use the difference in spelling essentially to create a special term referring to 'unconscious' *phantasy* in contrast with conscious *fantasies* such as day-dreams. For the most part unconscious phantasy is almost equivalent to latent content as used in dream analysis. Freud said that it might be supposed that the id is somewhere in direct contact with somatic processes and takes over from them instinctual needs and gives them mental expression. This elementary mental expression is unconscious phantasy, and it is essentially the basis of all thoughts, wishes, denials, feelings of omnipotence, control, destructiveness, reparation, defence, and so on. It is, however, not very easy to draw a clear distinction between unconscious phantasies and their various conscious counterparts expressed in dreams, daydreams, and every kind of thought, feeling, action, symptom and transference effect, with which they form a continuous series in development and experience. Although the writer agrees largely with the theory of unconscious phantasy and has found it one of the most illuminating ideas in psycho-analysis, for the purposes of the present book it has seemed better to use only the word fantasy, assuming that fantasy is the product of the inter-action between instinct and experience, and that fantasies may be formed even before birth and subsequently projected and transferred to the environment, and introjected again with a vast variety of results many of which are illustrated in this book. Unconscious phantasy rather than external frustration is the essential cause of neurosis and mental disorder, when its action is maladaptive from the point of view of the ego, just as it is also the basis of all practical, constructive and imaginative achievements when it acts harmoniously.

TESTING FANTASY AND REALITY

In everyday life there are many incidents which might almost as easily have been dream fantasies as objective events. For example, a man who was waiting in the road at a tram stop when a bus came up ran to the bus stop to catch it instead. As he did so his attaché case, which he was carrying in his left hand, hit the case in the left hand of an older man who was getting off the bus, and knocked it across the pavement. The older man turned to the younger, who had missed the bus as a result of this incident, and said, 'It's a good thing there were no bottles in my bag!' The other smiled and said, 'There were no bottles in mine either.' At this the older man became a little annoyed and said, 'But it was you who knocked my bag right out of my hand!' The younger laughed and replied, 'I had a firmer grip on mine!' At this the older man became very angry and retorted, 'You might at least apologize!' The younger saw no reason to apologize to a man who had unconsciously used him to separate his bag from his hand, and made him miss the bus as well, and so he just laughed and boarded a tram.

Had this been reported as a dream of the older man it would probably have been interpreted to show that he had unconscious feelings of guilt about his bag, although it did not contain any whisky bottles, but the very fact that bottles were in his thoughts showed something important about their ultimate meaning for him. He had used the younger man as it were to help him to part with them, disposing of his unconscious guilt at the same time by projecting blame for the accident on him, and punishing him as a substitute for himself by making him miss the bus. Other interpretations will occur to the thoughtful reader.

In daily life we are frequently tending to test fantasy against reality in just this kind of way, and it is fortunate when the consequences are not harmful. A small boy in a child guidance clinic, on being asked whether he would go with the therapist for a consultation, immediately spat at him. In doing this he was actuated mainly by the unconscious need to prove that his own aggression would not hurt the therapist, so that he should not be afraid of spending an hour in his much-prized company. The therapist knows not to retaliate on such occasions, so that the boy may have the opportunity to prove his aggression harmless, but suppose that the man whose bag was knocked out of his hand had been carrying a large amount of money to the bank, and that the bag had fallen over the parapet of Waterloo Bridge into the Thames and been lost, he might have been so angry that he would have taken the matter to law and claimed damages, especially if the money had been ill-gotten gains of which he had an objective and not only a fantasy reason to be guilty. Indeed, the time of our courts is constantly being taken up with matters of precisely this kind. If the older man had been the owner or manager of a business and the younger had been one of his employees, then the younger might have lost his post.

It is easy to see that in daily life we cannot afford to experiment freely in testing fantasy against reality. Under the best of circumstances there are powerful forces and deeply seated needs, especially those of shelter and security, which make such experimenting impossible or very dangerous. There is no adequate way in which we can prove that our aggression is harmless, that our sexual and other instincts are not dangerous and anti-social. Essentially the difficulties are of two kinds: (1) That the other people on whom we must try our experiments have not themselves been analysed, but immediately retaliate, usually with moral and rational justifications which are almost overwhelming; (2) That our own practical affairs are thrown into jeopardy when we put ourselves in dangerous situations which are not understood.

In psycho-analysis the patient can try out all such experiments with the greatest liberty, provided he does not injure the person of the analyst or his property. The analyst is a highly trained expert in doing three things: (1) Not to retaliate or to be drawn into the conflicts, however provoking the patient; (2) To be completely free from practical ties and obligations except his professional responsibility to the patient, so that what happens in the consulting room is absolutely confidential and does not harm the patient's outside life in any way; (3) To enable the patient to interpret his motives for himself, so that he can understand the causes and consequences of his experiments and cease to try out his fantasies against reality over and over again in a series of ineffective and often dangerous repetitions of the same unconscious impulse. These conditions enable the analyst to put the patient in a situation so extraordinarily illuminating and helpful that few people who have not been analysed have the least conception of its nature or value.

CHAPTER II

ROSEMOUNT SUBWAY STATION

THE patient was always very productive of dreams, fantasies and associations to them, and usually came to a session with three, four or five dreams, often elaborately inter-related. It is inevitable that the accounts of these dreams should be shortened, but an attempt will be made to give as complete a picture as possible. During the early part of the treatment and almost all through it, his attitude was one of reserved scepticism. He found a sympathetic outlook in the analyst, who is a sceptical scientist, and the view was put before him that if he would agree to seek discoveries about himself, with the analyst's help, he would gradually unravel the complexities of his distressing emotions, and in the end reach a clear and stable outlook. Having struggled ineffectively to control himself for many months, he was intrigued by this new approach and agreed to start forthwith.

As the account of the treatment proceeds, it will become apparent that in many ways problems which arise later in the analysis were implicit in the early dreams and fantasies. Attention will be drawn to this at various points, but the accounts given follow the slow steps by which the patient was able to make all the deeper problems explicit to himself, and are not intended to be full and complete interpretations of all the unconscious implications of every dream, fantasy or association at the time when it occurred. The analysis was conducted on the assumption that the patient must move at his own pace and in the direction and at the level which he chose.

FOUR EARLY DREAMS

Most of the early dreams were like the group of four which were almost the first, and will now be dealt with, and many sittings were occupied with the analysis of similar dreams. In the first of the four dreams he was with a man who seemed to be his father, with his mother's sister, and with a third figure, like himself and of his own age. He saw his father turn to attack his aunt, who fled, and the youth rushed after them, knocking his father's pipe out of his mouth, while he himself looked on.

The scene then changed to that of the second dream, in which he went to the Rosemount Subway Station. He pointed out that he felt sure that there was no such station, but that it existed only in the fantasy of his dream. However, he went down into this subway station and at the bottom of the steps he met a man trying to sell a magazine to two women. It was the wrong magazine, however, and they rejected it. He went on into the railway station to catch a train and then the third dream began.

In the third dream the normal underground railway lines changed themselves into a switch-back scenic railway and he got into a truck which proceeded to dash along the lines rising and falling with great energy. The lines gradually changed into the outlines of an elaborate diagram of a curved double cone on a huge scale, and he dived along the curved side of one of the cones, into the vertex and out again along the side of the other cone repeatedly. It was a thrilling emotional experience.

After this had continued for some time the scene changed into that of the fourth dream, which was of himself descending a huge equiangular spiral, like a vast cone with its base upwards, at a great speed. Again it was a thrillingly emotional experience, though he was terrified that he would be dashed to death at the apex, which was pointed downwards, but, as in the dream of the double cone, he passed right through it unscathed, and out at the other side.

THE MOTHER'S CHRISTIAN NAME

In the way described before, the analyst listened and memorized the dreams by visualizing them and repeating the patient's words silently in his mind. When the dreams were reported there was a pause during which he considered their probable significance for the patient, and decided at which point to start the next steps in dealing with them. In this case he did not fail to take advantage of the opening given to him unconsciously by the patient, and immediately lent him some of his insight by offering to guess the patient's mother's Christian name. This was an unexpected move, and the patient was intrigued and nonplussed for a moment. He said, 'But you don't know what it was!' The analyst replied that the patient himself had just told him. Then the patient suddenly had a flash of insight, and said, 'Yes! It was Rose!'

From the psycho-analytic point of view there was nothing remarkable about this. The patient had been upset as a result of leaving home, by his mother's sudden death, by her funeral and by his father's re-marriage. It was almost certain that her Christian name would be revealed at some point in a dream. Those features of dreams which are most irrational and apparently unconnected with reality are usually the most significant. The dream of Rosemount Subway Station, which, as the patient took the trouble to point out, was unconnected with everyday reality, thus drawing attention to the name, and it suggested at once that the mother's Christian name was Rose.

Unconsciously people often mean the opposite of what they say, and the patient was no exception. When he said that Rosemount Subway Station did not exist in reality, he meant that it was the most significant reality in his life. Far from being non-existent, the fantasy of Rosemount was of paramount importance and one of the unconscious aims of the dream had been to reveal this to the analyst, and so the patient had taken the first step in self-help.

He was so astonished at this insight that it was not difficult to make several important steps forward. It was explained to him that the dreams brought to each session would be found to have special and usually related meanings. They would represent unconscious impulses, ideas, emotions and conflicts, which had been able to force their way into consciousness, and which had been tolerated there sufficiently to be remembered and reported to the analyst. They must be regarded as posing problems to be solved as far as possible in the session to which they were brought, and he was invited to hold them passively and uncritically in mind, when they would translate themselves into meanings which the analyst would help the patient to clarify.

Anything which came into the patient's mind would be valuable and related significantly to the meanings of the dreams, and thus the famous free-association technique could be put into practice.

INTERPRETATION OF THE FOUR DREAMS

The dreams were then taken in order, and, in a process too lengthy to be recounted in detail, they were elucidated. In the first dream the aunt, who was the mother's sister, transformed herself into the mother in the process of association. He, the dreamer, was watching a youth, who was a counterpart of himself projected into the dream, and was witnessing his father attacking his mother. She escaped and he knocked the pipe out of his father's mouth. When he thought passively of the pipe it became changed into a penis. He was knocking off his father's penis, or castrating him, because he was trying in the dream fantasy to make an injurious sexual attack on his mother. Self-protection against the fantasied dangers of this situation was gained in the dream by dividing his idea of himself into two figures, one of which watched the other carry out the act. He was the one who watched instead of acting.

In this way the interpretation proceeded, the analyst always taking care to go as far as possible with the insight offered, but to go no further than the patient's ego could tolerate at the time, otherwise intensified resistance would be encountered. After the success of attacking his father in the first dream, he took his place in the second dream and entered the mother's body which took the form of Rosemount Subway Station. It is probably not necessary to point out to the reader the connection between the 'mount' of Rosemount and the *mons veneris* of the mother; between the underground passages of the subway and the vagina and uterus; between the fantastic nature of this subway station and the fantasy wishes of the union with the mother, which had been repressed in infancy as too painful to bear and re-excited by her sudden death; between the 'station' and the static nature of the fixation on the mother which was preventing his personality from adequate development. At the bottom of the passage, which was the end of the vagina, however, he again met the father, in the second dream, still pretending to be potent by trying to sell a magazine—a journal perhaps, but also a store or magazine of penises or of semen to be discharged—to the mother and the aunt who was her double. They reject it, in accordance with his own unconscious wishes, and after this wish-fulfilment of rejection of the father by the mother, he was united with her in a very exciting manner as he plunged round the curving cones of breasts and thighs, and through the vertex or vulva. This in a slightly different form, was repeated in the dream of the equiangular spiral, for the sake of emphasis.

All through the double cone and equiangular spiral fantasies death seemed to await him as if imminent at each moment of fulfilment, but did not come, and the patient survived in his fantasies, much to his own surprise. The expectation of death was an expression of guilt for loving the mother in intense and passionate fantasies, but since it never came, the dreams pointed to the patient's ultimate escape, and bore a happy prognosis, fantastic, painful and bewildering though they were. This dream experience of death being about to come at each moment of fulfilment of union with the mother may be said also to be melancholic in character. He feared death from his identification with his dead mother, or wished for it to achieve his re-union with her, buried deeply in the earth. Rosemount subway station was not only her body but also her grave. Deeper fantasies of relationship with the mother came out in the analysis more fully later, and will be mentioned in another chapter.

THE OEDIPUS COMPLEX

The dreams analysed illustrate the Oedipus complex, which is in many ways the central theme of psycho-analysis, because its establishment as the main framework about which mental functions are organized, near the age of five years, is the termination of a long period of infantile development. This stage is followed by the latent period, lasting until puberty, and during which there is a wide development of objective interests and an expansion of the personality to form the broad basis upon which its later adult structure will be founded. With the resolution of the conflicts of the Oedipus complex, which are revived at puberty and tend to continue during adolescence, the important changes to an adult attitude towards sexuality, the genital attitude, take place. It is this resolution which so often fails, on account of complications which will be discussed in due course, and leaves the individual essentially frustrated by unconscious resistances in his attitude to love, marriage and parenthood. The Oedipus complex refers in particular to the boy and his mother, while the corresponding problems between the girl and her father are sometimes called the Electra complex. In general, however, when we speak of the Oedipus complex, we mean to refer equally to both or either.

The Oedipus complex, as will be seen from the dreams just discussed, is an infantile and childish attachment, in this case of the boy to his mother, a powerful but still infantile desire to possess her sexually, to oust the father, resist him and exclude him. It includes fantasies of murdering, castrating or otherwise injuring him. Many illustrations of its influence will be given later. In the girl it would appear in the opposite form, with the added complication of hating the father as if for being attractive and setting up many and difficult conflicts and exciting much guilt. The irrational fear which many women have that they will perhaps be raped, their fury at being kissed by a man whom they dislike, the ease with which young women are fascinated by older men, and many similar matters, are made understandable by insight into the Electra complex. Similarly the Oedipus complex throws much light when understood, upon the behaviour of boys and men.

These complexes are, so far as we know, universal. Their presence is an essential condition of being human and of having the loves and hates, the moral standards and interests of a human being. The problem before the therapist is not whether the patient has an Oedipus complex, for everybody necessarily has it, but whether, how far and in what particular ways it is the focus of unconscious conflicts, and how he can use his technique to resolve the consequent difficulties, leaving it still the central but now harmonious framework of the invididual's mental organization. Some psychologists have sought to claim that since all individuals are unique, the Oedipus complex cannot be the universal pattern. This, however, is just as wise as claiming that, since we are all different, we cannot each have but one nose, two eyes or a single head. Within the general pattern there is an infinite variety of differences. Psychoanalysis is much misrepresented if it is said to make people seem uniform. More than any branch of modern psychology it studies and emphasizes the differences between individuals and handles each one as unique.

REGRESSION

The four early dreams, and indeed many of the dreams to be related in this and the following chapters, like the patient's whole state of mind at the time when the analysis began, clearly illustrate the concept of regression. This concept is a theory that the libido falls back from its sublimated expressions and developed forms, under stress, and takes up again positions appropriate to early and especially to infantile stages of the patient's life. In so far as the dreams expressed deep-seated desires to return to the shelter of the mother's body and to become again identified with her, they were regressive in aim. They were also regressive in reasserting the conflicts of the Oedipus complex, long since forgotten by the patient himself. They were progressive rather than regressive, in their expression of unconscious strivings to exploit contact with the analyst as a means of resolving these conflicts now that the opportunity had arisen. The patient's whole mental state in his neurosis must also be thought of as regressive. It was an attempt to meet present difficulties with attitudes, feelings and forms of behaviour derived from the past, from early infancy, because the stress created by the mother's death had been too great for the tolerance of the patient's adult ego. In neurotic and psychotic breakdowns we usually find the patient striving to face present difficulties with an ego too weak to bear them. Regression occurs just in so far as the ego gives way under the strain, and the ego continues to struggle to master the difficulties and either loses or gains ground against regression, according to whether the illness is becoming worse or better. The patient is like a drowning man, who clutches at the analyst for help.

REPRESSION, SYMBOLISM AND SUBLIMATION

Though many will be quite familiar with the conceptions of repression, symbolism and sublimation, it will be helpful to interpose a short discussion of them here. Not only did the dreams of this patient, which have just been related, indicate certain important aspects of his mental organization, but they also revealed essential clues to the unconscious meanings of mathematics for him. The manner in which these meanings were established is best made clear by saying the dreams revealed in symbolic form impulses, ideas and emotions dating from his early life, which had been subject to repression, and that they showed that mathematics was for him an effective sublimation of these, under normal conditions. Repression is a name for a protective function normally operating in all persons, which prevents the consciousness of unpleasant experiences from the past. Such unpleasant experiences are those which the growing ego has failed to assimilate at an early age on account of terrifying internal conflicts. Repression is not a conscious function, nor can it be applied deliberately, nor is it a measure of strength of will or of character, nor could it be completely removed by psycho-analysis. It is unconscious itself, and automatic. It operates at an infantile level of development in the first place, and in such a way that all later repressions are actuated by exploiting in wider settings those which occurred first in early years. It is necessary to some extent in all harmoniously developed personalities. Since many people confuse repression in this psycho-analytic sense with the externally applied repression by the police, teachers, parents and others in authority, we may say at once that the concept of repression by external authority is not repression at all in the psycho-analytic sense, and the child who is most drastically held down by his mother may be psychologically the least repressed. The dangers arising from repression in the psycho-analytic sense are due to its operating in ways inharmonious with the best possibilities for the development of the individual, either too much, too little or distorted and causing interference with the person's daily life. Psycho-analysis seeks to replace repressions by voluntary control, and generally to reduce their intensity, but it is more important that they should be harmoniously organized than that they should be altogether removed, though we do in fact relieve the person from many repressions from which he suffers, in the course of analysis.

When the repressed experiences and impulses succeed in finding their way into consciousness, which they always tend to do if possible, they appear in modified forms which are generally symbolical. The symbols utilized unconsciously in this process of emergence of unconscious experiences display and disguise them at the same time. It is only in the gravest forms of psychoses, or insanities, that the safeguards of repression and symbolization are relinquished altogether, and then infantile ideas, unconscious or repressed in normal people, tend to come into consciousness in their crude and infantile forms. This accounts for the bizarre and confused nature of psychotic fantasies from the point of view of the normal adult, who can see their meanings only when he has had some psycho-analytic training and analysis himself. Even in very grave forms of psychosis, however, symbolic forms of expression tend to be retained to some extent, but on a much cruder level than in ordinary dreams, with the possible exception of certain very upsetting nightmares from which some of us have suffered occasionally. Bizarre though many of the dreams to be related in this book appear, there are no examples of crude psychotic fantasies.

The symbolical expression of unconscious ideas and impulses occurs continuously throughout our normal waking interests, in our normal thinking, artistic and other mental and bodily activities. Generally, however, the symbolic transformations utilized are so complete, and the adaptations of the underlying unconscious impulses and ideas to ordinary realities are so good, that they do not upset us at all, but simply provide the deep-seated motivations of everyday activities. These are integrated effectively with the social and other environmental demands made upon us, and are the essential background of normal life.

It is this integration that is rightly called sublimation. There is no sharp dividing line between conscious and unconscious activities, but, in the most harmoniously developed persons, the unconscious motivations are able to express themselves in the course of daily life without causing disturbance, in beneficial ways which are practical, moral and highly satisfying to the individual. It is only in those in whom the unconscious impulses are inadequately sublimated, and in whom repressions are inharmoniously organized, that conflicts occur between the unconscious and conscious ideas and impulses in daily life. These conflicts are, of course, expressed in symbolic forms themselves, in order to give further protection to the ego, and they appear in the form of symptoms, which may be viewed very broadly as attempts of the ego threatened by conflicts to deal with them—in the same sort of way that a boil is an attempt of threatened tissues to deal with and confine a local infection by collecting and discharging pus. The content of the symptoms is, however, not in itself bad, but is bad only in so far as it threatens the ego, and if it can be prevented from doing this by analysis and interpretation, then it ceases to be bad.

In order to illustrate the way in which unconscious contents tend to be sublimated by being integrated into everyday activities it is interesting to think of art. There has been much discussion about modern art, especially Surrealism and other forms of art in which there are what would appear to the more traditional artists to be crudities of subject matter which have made many people reject these forms of art absolutely. In many earlier artists, such as Breughel, however, we do not find a lack of similar crudities, and certain artists, such as Goya, who have done some of their work apparently under the influence of psychotic disturbances, have made pictures in which they seem almost to have lost touch with reality and presented us with pure fantasy drawings. In these the deeper unconscious motivations and themes are more readily revealed. In addition many artists have used symbols frequently found in dreams, but in a conscious way, under the impression that in so doing they are revealing the true unconscious. If, however, we take a classical theme, such as '*Leda and the Swan*', which has been the subject of a number of very correct traditional paintings, we find that in them the deep unconscious motivations of the

Oedipus complex, and even deeper ones, are still clearly revealed, though the artist apparently thought otherwise. The only difference is that now the themes are more finely polished over, and more subtly disguised, but the essence of art is neither in the polish nor in the unconscious content.

THE CONSCIOUS, PRE-CONSCIOUS AND UNCONSCIOUS

The notions of the unconscious, pre- or fore-conscious, and conscious might be mentioned briefly with advantage at this point. The unconscious comprises firstly that primitive system based on the inherited instincts, which precedes the appearance of conscious functions, and secondly the system of unconscious functions which is produced by the repression of those which have already been conscious. The pre-conscious comprises those functions which are readily available to inform and supplement current conscious activities when required by the needs of the moment. We do not carry in conscious thought all those impulses and experiences which we are capable of bringing into mind when required, but they are said to be in the pre-conscious, whence they may spring to mind appropriately and without effort or resistance. The conscious functions in psycho-analysis do not differ essentially from those of other psychological theories, but it is clear that consciousness must be regarded as a field of integrative and adaptive relationships, or as the essential activity which adapts and integrates, and it is the realm of functioning of the normal ego, whereas the super-ego, which will be explained later, is partly unconscious, and the id, also to be dealt with at a later stage, is completely unconscious.

DREAMS AND THEIR ANALYSIS

In a similar way dreams are the products of an integrative activity of the half-watchful ego, by which unconscious material which might threaten sleep is translated into forms which can be tolerated without emotional disturbance. The processes of transformation of this unconscious material into symbols acceptable to the conscious ego are called the dream work. They include the symbolism itself, or the representation of unconscious material in commonly acceptable forms which are taken from everyday life, and are sufficiently like or unlike, or otherwise connected and disconnected with the unconscious contents to be appropriate and to convey their meaning without revealing their true nature in consciousness. The everyday ideas and experiences exploited in this way are grouped into two different though closely related classes. There are those experiences which act as stimuli for the dream, and those which appear as the manifest or apparent content of the dream which is told to an ordinary listener. For instance, seeing an open razor belonging to the dreamer's father stimulated in one of my patients a dream that he met Death, who mowed him down with his scythe. He told the dream, but did not remember that he had seen the razor until associations were taken. The sight of the razor provided the stimulus, or rather the external stimulus, or the opportunity to have such a dream. If the deeper contents had by any chance come into consciousness, the dreamer could protect himself from fear and guilt by saying that it was just a result of seeing an open razor. Similarly dreamers frequently protect themselves by saying that a bad dream was just the result of indigestion. The story about meeting Death, however, was the manifest content. It was a form of symbols in which the dream could come into consciousness and be harmlessly told to other people, who would be interested or perhaps amused and dismiss it as something which was quite unreal. The latent content of this dream was an unconscious fantasy dating from infancy, of the fear of retaliation by the father for hostile death wishes directed upon him in expectation of being punished by castration for wanting to destroy him, and to possess the mother when relieved of his rivalry. It is essentially the same as the latent content of the four early dreams related in the first part of this chapter. If such ideas had come right into consciousness without the presence of the protecting analyst, the patient might have been almost overwhelmed by torments of guilt and anxiety, and perhaps by fears that he was losing his reason. Many examples of the stimuli, of the manifest and latent contents of dreams, will be given later, but this will suffice for the present.

In dream analysis the latent content cannot be brought to consciousness in an absolutely undisguised form, but must be expressed in words or other symbols which can be understood by analyst and patient together, and manipulated in such a way that the emotional tensions associated with the dream are discharged, and the infantile experiences proved harmless and integrated into adult life. No form of words or other symbols can be identical with the original experience, and no adult or child can re-live absolutely what happened to him in the past, but the disguises may be greatly reduced and the underlying early meanings may be made very clear. Thus the real purpose of psycho-analysis, oddly and paradoxically enough, is integration, and the analytic process itself is merely an intermediate step and not an end. If this were more clearly understood, psycho-analysis would become much more acceptable and considerably more effective.

It is not necessary that dreams should be analysed into words, any more that they should be analysed into English words. If two people both understand Chinese it is not necessary that it should be translated into French before they can talk to each other. In ordinary life people often speak about one thing, which might be called the manifest content of their conversation, and in so doing unintentionally express other meanings, the latent content. The word 'No!' could have so many meanings that it would take a whole chapter to explain them, and one of them would certainly be 'Yes!' It is necessary to insist on an adequate interpretation of dreams into words, because they are the most generally useful symbols, in order to make sure that the patient is not unconsciously dodging some of the important meanings, which are subject to resistance and repression and are therefore the causes of symptoms.

The dream work also includes the displacement of feelings and emotions from their real objects to other objects, and this gives the dreamer further protection. In addition, it includes the telescoping or condensation of several unconscious experiences or fantasies into one symbol or group of symbols. A dream may occur again and have an interpretation differing in important ways from that connected with its first occurrence. Lastly the changes brought about in the dream material during the process of waking and remembering, which often make considerable modifications of the manifest content, are called secondary elaborations. All these processes are unconsciously directed towards obscuring the latent content and keeping it out of consciousness.

INTEGRATING THROUGH A LEMNISCATE

The dream work and its processes will be illustrated below by many examples. The dreams to be recounted were all explained to the patient, but in small steps at appropriate times, so that he could grasp the theoretical basis of the treatment, and effectively integrate the unconscious ideas disclosed with conscious thought. The themes most fully revealed so far were: (*a*) the desire to be deeply united with the mother; (*b*) fear of the father and the desire to injure and castrate him. These fantasies make up the essence of the Oedipus complex, which, as already explained, is formed in every normal person, as well as in those who are neurotic, in whom it becomes the focus of disturbances. It is abnormal only if it is so ill organized in the personality as to cause disorders of an emotional kind, and consequent symptom formations, as it did in the present patient. In normal persons it is so well organized that it forms one of the most essential foundations of character and personality.

The mother was symbolized by the aunt, who was her sister, and by the Rosemount Subway Station. These were manifest contents, while the idea of the mother and associated emotions and impulses were latent or unconscious. The aunt was selected because she was the mother's sister, a woman who could be identified with her in fantasy without seeming too intimately like her in consciousness, and towards whom the sexual emotions of infancy could be felt with less anxiety and distress than towards the mother herself. 'Rose' was chosen because of her name, and 'mount' because of its capacity to suggest the *mons veneris*, and, as we shall see later, the mother's breasts. Rosemount was a well-known part of the town near which the patient lived with his parents, and indeed, was close to the part in which he was born, just as the part of his mother's body from which he issued had been near the *mons veneris*. While he seemed to be thinking of the geography of his birthplace, Rosemount condensed both the idea of his mother as a whole and of her sexual parts in the same thought. The subway was chosen because it expressed the internal passages of the vagina and uterus, and the station because it was a place where those passages opened to the exterior and where trains started and stopped, or moved to and fro as the penis does in sexual intercourse. Many meanings were condensed into Rosemount Subway Station.

In the first dream the father's penis took the form of his pipe, and he was castrated in the fantasy by having it knocked out of his mouth. His penis appeared as a magazine in the second dream. In the third and fourth dreams the mother's body was translated into more remote and abstract symbols, namely a switchback railway, huge cones and an equiangular spiral. The cones and the spiral figure were acceptable because of their capacity to combine the mother's breasts and the other curved parts of her body with the apex or vulva through which the patient dreamed that he dived repeatedly.

These dreams gave clues to the sexual meanings of mathematics for him. The meanings were also brought out very vividly in many other ways. In particular it may be mentioned that the integral sign of the calculus was of specially intense sexual meaning, and always gave him an erection of the penis at this time when he made it. The mathematical processes of integrating with this sign were the equivalent of intercourse, and the sign itself was sometimes a penis and sometimes a vulva.

When integrating he had an erection and usually became very distressed by sexual guilt. Eventually he had been forced to give up doing the calculus because of the compulsion to masturbate. Conic sections were highly sexual, double cones in particular being the breasts and the vertex always the vulva. All forms of spirals were vaginas and complex curving figures were various parts and aspects of the mother's body. The word section was itself a pun on sex. Numerous dreams about mathematics were dealt with in the early stages of the treatment, so that the sexual meanings were established beyond doubt. The differential calculus meant separation of the parents and prevention of their intercourse; the integral calculus meant combining himself sexually with the mother.

The sexual meaning of the calculus was most vividly expressed in a dream of integrating through a lemniscate, that is to say, calculating the area of a mathematical figure which is a kind of section of a double cone, and is like two pears joined at their points or apices. In its double curves it vividly expressed for this patient the mother's breasts and buttocks. The apex, as before, was the vulva. Integrating through a lemniscate was in manifest meaning the calculation of the area of such a figure, but it had the latent meaning of intercourse with the mother. The very word figure as used in mathematics was a substitute for the idea of the mother's figure in his repressed sexual fantasies, and this latent meaning will be found repeatedly in many of his dreams, especially when there is a figure of eight, which is something like a lemniscate. It is also probable that integrating through a lemniscate had the unconscious meaning of exploring the mother's breasts in search of oral satisfaction, while the study of conic sections had the latent meaning of cutting, slicing or biting the breasts, and the idea of integrating also included by condensation that of restitution after fantasied injury.

In normal life, of course, the calculus, which greatly interested the patient, would have been an adequate sublimation of his unconscious fantasies of sexual love for the mother, but under the stresses of her death and his father's re-marriage, the latent meanings and impulses behind this sublimation had broken through and produced the symptoms of compulsive masturbation which have been described. In consequence he was now unable to do mathematics because of its crude sexual implications, which excited intense guilt. In general the breakthrough of unconscious ideas and impulses was so great that he was forced to give up his work and come for treatment. The problem before the analyst was not to reinforce repressions already ineffective, by bringing moral pressure to bear on him to stop masturbating and thinking of painful sexual ideas, nor to make him give up mathematics, but it was to reveal to him step by step the unconscious meanings of his symptoms and distressing fantasies, so that he could assimilate them consciously and then proceed happily with his work again. In this way the fantasy of integrating through a lemniscate was converted into a real integration of the patient's personality, and he replaced the fantasy of incest by real love.

SEXUAL AND AGGRESSIVE DREAMS

Two other types of dream began to replace those just mentioned, at a slightly later stage of the treatment. This change was due to the gradual reduction of tensions at the level of mental organization of the Oedipus complex. A reorientation was produced which enabled deeper fantasies to express themselves.

Of the new dreams the first type was aggressively sexual. This may be illustrated by the 'game of quoits' in which he stabbed to death his mother's sister, who was then left lying naked on a couch, with numerous daggers sticking into her body, and blood dripping out, while a red ring surrounded each dagger. Such a dream was not difficult to deal with, for the daggers led by association to the patient's own penis; the aunt, as before, to his mother; the red rings to the vulva. The essential feature which made these dreams different from those like the Rosemount dreams was that they showed aggressive impulses directed towards the object of sexual interest. The patient was attacking his mother sexually, and killing her. His illness, however, had been precipitated by her death in reality. It was not difficult to see that this death was an apparent fulfilment of dangerous fantasies. The patient was astonished and resistant. The evidence, however, was too strong to be overlooked, though the dreams were highly distressing. The analyst encouraged him to face these painful fantasies and to accept the possible idea that the repression of death wishes coupled with sexual desires directed towards his mother in infancy had paved the way for a breakdown just such as his own when her death really came. It was suggested that a fuller understanding would be reached later, and it was found in the analysis of the more deeply repressed oral aggression to be discussed in Chapter IV.

The second type of dream which now emerged may be illustrated by one in which he was being attacked by a man in the street, who shot the patient in the back of the left breast with an air gun and then escaped. The wound, made with a pneumatic weapon, was like his mother's pneumonia. The gun was like his father's penis. He was being attacked and wounded in the dream in a way similar to his mother's illness, by his father's own sexual power. It was a retribution for the aggressive dreams about his mother. At this stage it was not pointed out to him that these dreams showed a homosexual and also a sado-masochistic pattern. Sadistic pleasure was obtained in giving the mother a sexual hurt; masochistic pleasure in receiving a sexual hurt himself at the hands of the father. Identified with her in the kind of injury and the sort of weapon which inflicted it, he submitted sexually to the attacks of the father in her place, and became his own father's feminine sexual partner. The two types of dream were complementary. The sado-masochistic and homosexual interpretations were reserved for later stages of the analysis, when they were dealt with in relation to other dreams. The reason for this was that it did not seem wise to give the patient too many ideas to grasp at one time.

RESISTANCE AGAINST PHYSICIANS

The dreams just mentioned were associated with intense fears of tuberculosis and of death; with obsessional worries over all kinds of illnesses. The patient's associations to them led to memories of lying in hospital, where a man died in the bed next to him (so it was said) owing to an erroneous hypodermic injection. He had been terrified of the same thing happening to himself. This was an interesting example of the way in which objective events in the environment may duplicate inner fantasies so closely that the emotions attached to these fantasies may be projected upon the environment. This principle is of very wide application in psychology, and in the present instance it shows that the patient was terrified of the hospital environment, because it excited fantasies of being attacked and punished retributively by the father for harbouring sexual and aggressive desires directed towards the mother.

He was in consequence very unwilling to trust a doctor, who became identified with the terrifying father-image in his unconscious mind. This was proved in the analysis to have been the unconscious reason for rejecting treatment by a psychiatrist, who was a physician and said that his fees would be 'in guineas'. These guineas were fees or faeces, by clang association, and it seems clear that they were also round valued objects like the mother's breasts, and were linked in their symbolism with the lemniscate, with the spirals and other circular objects identified with all or parts of the mother's body. The doctor, in this fantasy, would kill the patient during the course of treatment, with a penis or hypodermic needle, would make him give up his love for his mother, and hers for him, in the shape of fees or faeces, at the level of anal love, and in the shape of round guineas or breasts at the level of oral love, and both these levels will be found to be highly significant for the patient, and will be explained fully later.

The writer, who said nothing about fees, when he realized their unconscious significance for the patient, and who did not ask him to lie on a couch, was largely immune from the projection of these anxieties because he was not a medical. Evidently the lay-analyst sometimes has real advantages. In this case hostile fantasies, originally projected upon the father, and transferred from him to physicians with their knives, beds and hypodermic needles, were not projected upon a lay-analyst so easily, and this greatly facilitated the treatment.

The obsessional fantasies and phobias of physical illness were always dealt with sympathetically, but the analyst was in a strong position to assure the patient that he had been examined thoroughly for heart and lung troubles, so that there was no need to be anxious on their account. However, it was often suggested that a re-examination would be arranged whenever the patient desired. This was invariably declined, because dream analysis repeatedly showed that the fears of illness were the products of the fantasies of attack and retributive punishment by the father, or other similar fantasies which will appear later.

A FORETASTE OF DREAMS TO COME

This chapter may be concluded with the mention of a single dream fragment, which forecast many complex fantasies which were destined to appear later and will be mentioned in due course. This was a dream that the patient waked up and found himself wading in a pond half milk and half urine, and in connection with it he mentioned immediately the memory that he had at one time been enuretic as a child, a bed-wetter. Later the reader will be referred back to this dream when others closely related to it are mentioned and analysed.

For the time being the analyst suggested that this dream fragment should be set aside until a later stage in the treatment, when it would be brought up again. The patient agreed to this course, without any further explanation being given to him, but for the purposes of this exposition something should be said here about the reasons for this course of action.

The dream was quite different from the majority being analysed at the time, which were all dreams bearing on the immediate implications of the Oedipus complex, especially of sexual feeling for the mother, fear of injuring her and of being injured by the father. The dream of wading in a pond of milk and urine was more infantile in character and had two types of content not revealed in any other dreams as yet, namely excretory, in the pond half filled with urine, and oral or connected with infantile feeding interests, in the milk which filled the other half. It was clear that the patient was very obsessional, and, from prior acquaintance with these matters, the analyst expected that many excretory fantasies would appear for analysis in due course, because it is found that obsessions and anal or excretory fantasies are always connected. In this case the excretory fantasy was urethral rather than anal, and this had the implication that the patient would prove to be an ambitious and energetic person in his work and his relations with other people. The conjecture was correct. The oral part of the dream suggested a confirmation of suspicions already mentioned, that the patient was slightly schizoid, because early oral fantasies are frequently if not always connected with schizoid tendencies if they are very infantile like this particular one.

It was clear that the dream of wading in a pond of milk and urine was a fragment of deeper level fantasies which had forced itself through as it were prematurely. That such themes as it suggested would come into consciousness freely at a later stage was almost certain, and they did. The attempt to deal with a fragment like this by analysis, out of its context, would have been unnecessarily disturbing to the patient, who was at the time struggling with problems of the Oedipus complex. Therefore it seemed best to persuade him to pass over this fragment for the time being.

In the course of reporting and analysing many dreams like the others mentioned so far, the patient came to realize that the complex unconscious fantasies they expressed were important aspects of his own mental organization, and that bringing them to light and integrating them more effectively led to a steady reduction of his symptoms. He remained very sceptical, but it was not desired that he should change this attitude, because the aim was to enable him to discover the inner meanings of his dreams for himself. Many people are apt to think the analyst tries to press his interpretations on the patient and to overcome his incredulity. One of the main reasons for writing this book, however, is to try to show how little truth there is in this objection to psycho-analysis.

CHAPTER III

THE FORMER GIRL FRIEND

IN the next stage of the treatment the patient talked much about Doreen, his former girl friend. She was an attractive girl of an inhibited and over-tidy type, with a graceful figure. It is probable that she was rather frigid at the time, and subject to obsessional inhibitions, like the patient. From the point of view of the treatment it was apparent that the relationship between her and the patient was of an immature kind, which will be explained more fully as we proceed, and that there was little or no hope of the attachment developing into a mature love relationship. This was, of course, not certain, but seemed very likely, and subsequent events proved it to be the correct interpretation.

THE AVOIDANCE OF TAKING SIDES

At the time of going to England for his war-time research, the patient had lost touch with Doreen, and since his illness he had been unable to take an interest in girls at all. This was indeed one of his symptoms, an expression of the repressions exaggerated in the illness, and of the patient's striving to suppress by conscious effort the tendency of infantile impulses and ideas to make themselves felt. From a therapeutic point of view it was a sign of improvement that he now became interested again in his former girl friend, felt an inclination to approach her, and mentioned her frequently. It was therefore better to avoid analysing and interpreting the inadequacies of his relationship with her for the time being. If he had been expected to realize and admit the immaturity of this relationship, he would have been made to suffer from a sense of failure, incapacity and intensified guilt. This would not have advanced the patient's increasing tendency to unfold his sexual interests anew, but the groping for contact with the other sex was to be viewed as the main foothold which would lead him to health and happiness again.

Had he insisted on the inadequacies of the relationship with Doreen, the therapist would have taken sides with the repressing forces of the patient's personality. He himself would have become inadvertently an instrument of frustration, and the treatment would have been jeopardized if not brought to a standstill. All this requires more careful explanation, but first it is worth adding that undue encouragement of the new interest in his former girl friend would also have endangered the treatment, for exactly the same reason. Such a course would again have supported unintentionally the frustrations, by encouraging an inadequate relationship. The analyst who did this would again have become the instrument of frustration, but this time because the girl friend had already been chosen unconsciously by the patient in part as a means of self-frustration. She was herself inhibited and immature, and together they would have tended to reinforce each other's inadequacies. To have encouraged such a relationship would have been to encourage incapacity. Those marriage guidance workers who optimistically press people to patch up marriages which have broken down because they expressed the mutual reinforcement of frustrations, do not realize that they are themselves often becoming the unintentional instruments for the perpetuation of the very difficulties which it should be their business to solve.

The patient was encouraged to talk freely about Doreen, but no interpretation of his relationship with her was offered at this stage, and, when he tried to persuade the analyst to tell him whether to try to renew the relationship he was neither encouraged nor discouraged. A sympathetic ear was lent to his observations and memories about her, in order to help him to express his ideas and sort them out for himself, but he was given neither interpretation of the relationship nor moral guidance, and, if he tried to find out whether the analyst thought contact with her would be bad for him, this was gently denied.

ID, EGO AND SUPER-EGO

Since the possibility of taking sides inadvertently with the forces of repression has been raised, it will be wise to mention here the theory underlying the need for its avoidance. As a result of Freud's clear and penetrating formulations we have come to think of three parts in the personality. Although there has been much discussion of this theory, and there are doubtless many difficulties in it and objections in its way, it has helped greatly towards practical clear thinking and is very important.

The term 'id' is applied to the group of unconscious urges or instincts which underlie the mature personality and supply the driving forces for its activities. These urges cannot come into consciousness, so far as we know, in their elementary forms, because they operate only through the other parts of the personality. If they did come into direct consciousness they would be crudely violent and socially disturbing. In delirium, severe nightmares and psychotic states, and probably in crimes of violence, they come as near to direct expression as possible. They are made up in the main of sexual and aggressive components. Their sexual aspects, the libido of psycho-analysis, are too crude and generalized to be identified easily with the mature sexual instincts which operate in our adult personalities, and this difficulty has caused much unnecessary and acrimonious discussion. The aggressive components, or the 'death' instincts of Freud, are also difficult and a psychological puzzle, and many people think there is no ultimate death instinct. This group of impulses is best identified with the instincts of defence and aggression familiar in traditional psychology. A third component group, that of food-seeking, must be recognized, and also social instincts. The sexual and aggressive instincts are undoubtedly the predominant components of the primitive unconscious id.

The ultimate analysis of these instincts is difficult or perhaps impossible, and there is no doubt that the sexual components and their vicissitudes, especially their development into the mature or genital attitude, which will be explained later, are of major importance. There are stages of individual development at which it is difficult or impossible to distinguish the ultimate components of the instinctive urges of human beings, just as there are stages of evolution at which plants cannot be separated clearly from animals.

The 'ego' is the seat of ordinary conscious interests, of pleasure and displeasure, of choice and voluntary action, of moral action which is not compulsive, and of the affections and sentiments of everyday life. It may be described as an adaptive system of buffers or controls which adjust and relate the crude instincts to the environment, including other people and the social world. It is hard for the man-in-the-street to think of the ego as an adaptive system, because he thinks of it as the self or individual. This individual, however, is made up of many components, and has many aspects of which the conscious ego as understood in psycho-analysis is only one. Instinctive urges bear upon it on the one hand, and make themselves felt as conscious desires and needs, while on the other hand it perceives the environment and its demands and possibilities for gratification. The essential function of the ego, considered as a psychological unit within the personality, is therefore an adaptive function. It is, figuratively, like the chairman of a group of conflicting persons, when he acts as the judge or moderator.

Much pressure is brought to bear on the ego by the instincts and by the environment, and only a strongly developed and well-balanced ego can perform its functions without being overwhelmed from time to time. When this happens we have a nervous or mental breakdown of one kind or another. The ego of psycho-analysis is therefore not exactly the same as the ego of ordinary parlance, and a strongly developed ego in the psycho-analytic sense is quite different from a selfish or egoistic development in the ordinary sense. Selfishness and egoism are the products of weak or over-inflated ego development, and the strongly developed ego of psycho-analysis is generous and stable.

The 'super-ego' is a further development in the personality, which arises as a reaction to increasing demands for adaptation, which the infantile ego cannot meet. If the demands could be less intense until the ego had developed more adequately, before the age of about five years, the super-ego would be less dangerous than it is, and the recent tendency to think that it is a mistake to bring pressure on the infant too early, to make it adopt, almost at birth, adult standards of cleanliness and other forms of independence, accords with this view. These further demands which give rise to the development of the super-ego, are essentially due to overwhelming pressure brought to bear on the ego, so that between the instincts and the environment, material and social, between frustrations and stimuli, it is almost crushed out of existence. It was at one time believed that the super-ego was established with the final resolution of the infantile Oedipus conflicts at the age of about five years. Much work of recent years in psycho-analysis, however, has tended to displace our conception of the beginnings of the formation of the super-ego further and further back. There has been a furious and probably unnecessary controversy about this problem, due to three circumstances. They are: the establishment as somewhat conventional dogmas of the earlier Freudian formulations; the uncompromising and often rather confused way in which some new ideas have been expressed; and the difficulty of putting into words the experiences believed to date from the life of an infant before it used words itself. These recent ideas are not obscure, however, but have opened the way to a better understanding of psycho-analysis than possible before. There is no difficulty in applying them to children treated in the course of psycho-therapeutic work, but adequate explanation of this would call for a separate study and would be out of place here.

The ego, overwhelmed by the pressure brought to bear on its slender powers as a moderator, on the one hand from the id, of which the instinctive urges appear to the ego at this stage to be omnipotent, and on the other hand from the environment, and the persons in it, of which the control is equally masterful, may be thought of as calling in outside aid. The first form this aid takes would appear to be an identification with the powers of the environment and especially of the controlling persons there. This is probably assisted because it has at this stage never clearly distinguished itself from the environment and especially the mother's body, which is the prototype of all environments. This kind of aid is not sufficient, however, and further aid is sought in other ways. If the ego could understand and discriminate, if it could distinguish the beneficent and helpful aspects of the environment and identify itself with them, avoiding and discarding the aspects which are unhelpful and which would prove to be disadvantageous from the point of view of the adult into which it is to grow, then life would be much simpler and happier. It cannot, however, and the pressure of the id brings the ego into continued conflict with the environment, in its helpful as well as its unhelpful aspects, while there is also a big legacy of these unhelpful aspects handed on by the parents, nurses and others in charge of the infant, in their own super-egos.

The second kind of outside aid is found in the incorporation or introjection of the powers of the environment, so that the ego may be thought of as abdicating, at least in part, and giving up its moderating function, which is replaced by the ideals, standards, demands and indeed the whole behaviour of the parent figures, which is brought in and now exercises immoderate, compulsive and intolerant power in some ways, and moderate, reasonable and tolerant influences in other ways. This introjection is a form of 'taking-in', which is made possible by the predominantly oral attitudes of the infantile ego at this stage. Now it is driven instead of acting as a guide. The term super-ego has tended to become identified with the unhelpful and prohibitive aspects of this control, and many people prefer to use some other term such as 'ego-ideal' for its helpful qualities, but in fact all are introjected together indiscriminately, and the infant is actuated just as compulsively by the one as by the other. They tend to be sorted out to some extent in development and in later life, but probably psycho-analysis is the only way in which they can be completely discriminated and by which the ego can regain its moderating functions.

Even this second step, however, is not sufficient, and what is probably the most dangerous step of all which is taken in seeking what has been called outside aid is the attachment to the usurping or introjected parent images of aggressive components from the id. The super-ego is then able to attack with these forces now the ego itself, now the remainder of the instincts, and now the environment, and the infant may become compulsively self-punitive and/or compulsively naughty in its misplaced efforts at control. This stage is completed by the employment of projection rather than introjection, which corresponds to the anal or ejecting rather than the oral or accepting level of development, which will be mentioned in a later paragraph.

The super-ego, taken in and built up in this way, is composed as much out of fantasies which the infant has constructed himself as out of images of the real environment and its parent figures. He is controlled not only by the qualities they really have, but by the qualities which he attributes to them, and these are perhaps the most difficult and dangerous. At least the fantasies vastly exaggerate and greatly distort the world he lives in, and the super-ego is correspondingly exaggerated and distorted. Now projection comes into action, and the super-ego images, coupled with components from the id, and distorted in the way just mentioned, are projected into the environment so that persons and objects in it seem to act as representatives of the super-ego, some beneficent, others hostile and dangerous. Objects and persons in our environments, such as ladders, physicians, laws, principles and institutions, are endowed by us with the power they have over us, largely as a result of this projection of the super-ego functions. The ladder under which it walks now seems to be about to fall on the child and crush him, but the physician can cure diseases as if by magic. At the same time the sado-masochistic personality is formed, which finds unconscious gratification in cruelty to others and in suffering itself.

This digression about the id, ego and super-ego has been necessary to help to make clear why the analyst avoids taking sides with the super-ego. He wishes to avoid making a cure as if by magic, simply by influencing the patient's ego by playing the part of the beneficent super-ego, and he wishes to avoid allying himself with those forces of the super-ego which are already the main cause of the patient's illness. The great problem of human development may be summed up in a few words by saying that the ego, having been driven to call in outside aid to help itself, is faced thereafter by three sources of pressure to reconcile instead of two: the id, the environment, and the super-ego. The formation of the super-ego cannot be avoided, and indeed, the formation of a beneficent super-ego is absolutely necessary, but unfortunately it is formed at an early age when the ego is too frail to withstand its tyranny. It is largely unconscious itself, and becomes one of the triangle of forces which the ego has to face. Few fully succeed in this triple moderation, and the number of neurotic, delinquent, semi-invalid and psychotic people in the world is testimony to the difficulties of the task. If the analyst takes sides with the repressive super-ego he will simply reinforce the patient's frustrations but he may have to be very wary to avoid being manœuvred into this position, as we shall see.

In order to illuminate these problems, we might divide therapy into ego and super-ego therapy. In the latter, which is the kind generally practised by moralists, the super-ego is reinforced sufficiently strongly to overwhelm the ego and essentially to take its place. Sometimes this works, but generally, even if it has an effect, this is not very lasting, and the number of neurotic disturbances which follow a moralizing visitation by priests, headmasters, and others, shows its futility. On the other hand, ego-therapy is essentially the psycho-analytic process described here, and, although it is far more trouble to use, its effects are infinitely more human and lasting.

From what has been said it must not be inferred that the super-ego is an influence necessarily dangerous and opposed to the other aspects of personality. All aspects are necessary and unavoidable. The fundamental requirement is harmonious interaction between them, with the ego at the centre. The greatest psychological danger of human development is an overpowering, exaggerated and infantile super-ego, ill-integrated with the ego. If this is avoided or corrected, then the super-ego may be seen as the instrument of the transmission of culture and moral values, which provides the ego with indispensable security and with sensitive standards of every kind in relation to life. It forms the basis upon which the ego carries out its conscious, intelligent, practical, aesthetic and moral judgments. Finally, these three aspects of the personality must not be thought of as sharply divided, nor must they be made absolute and deified. They are concepts used in interpreting and adjusting the workings of a personality which is essentially always an integrated unit.

PSYCHOPATHIC PERSONALITY

The idea that the super-ego arises fundamentally as a result of the infant's earliest emotional contacts with the mother as well as in the resolution of the Oedipus complex, is supported by recent findings about the development of psychopathic personality types. The psychopathic personality is a-social and a-moral or irresponsible, though strictly speaking not anti-social or immoral as often assumed, and is most easily observed in criminals who are unaffected by discipline and punishment, and among other habitual delinquents, though there are artistic personalities in this class and also chronic invalids. The essential disturbance of personality seems to arise as a result of loss of adequate contact with the mother in early infancy and up to about two-and-a-half years of age, so that good emotional relationships with her are either completely lost or never established. This may result from such causes as long periods of illness and hospitalization with separation from the mother, and from the kind of 'separation' which is due to the mother never making adequate contact with the child at the critical time because she does not want it or is ill and cannot give it her love. In consequence the good aspects of the super-ego are never developed and do not exist to be transferred to the outside world to establish good contacts with it in later life, and the child grows into an a-social and irresponsible youth and adult. The damage can be repaired either not at all or only with very great difficulty.

The writer has had several cases under his care which fell to some extent into the class of psychopathic personalities. One was a boy of about four years of age who was separated from his mother when evacuated after air raids, and subsequently underwent a long period of hospitalization for illness. He developed a delinquent and a-moral personality disturbance which was relieved only with about four years of psychotherapy. Another was a youth who was a gifted musician and who had been separated from his mother in hospital for the treatment of various illnesses in early infancy for several long periods. Although very gifted, he was highly irresponsible and had strong delinquent impulses which he felt no obligation to control, and he was inclined to view as 'suckers' (which was his word for 'fools') all people who were courteous, considerate, helpful, truthful, honest and law-abiding and laughed raucously at their behaviour. His peculiar use of the word 'sucker' is interesting, because it reflects and ridicules the good relationship with the mother which he had been forced to abandon. It is probable that the degree of delinquency in such cases is inversely proportional to the amount of good contact established with the mother at the critical age. Many psychopaths have marked psychotic or neurotic personality traits in addition.

DOREEN AND HER PROBLEMS

The patient spoke freely of Doreen and of his idea that the relationship might be revived. It had broken down for no reasons very clear to him, but, owing partly to his removal to England on War Service, as explained, and especially to his illness, he had become detached from her. Besides, the illness had resulted in his feeling intensified resistance to women. As already mentioned, the revival of an interest in her was a sign of improvement, and so the relationship with her had to be dealt with carefully in the analysis.

Her graceful figure he connected with ideas about conic sections. Her breasts seemed like cones, and the word section itself, as already mentioned, was a pun on sex. Associations such as these occurring in relation to his ideas about her provided additional evidence of the sexual meanings of his mathematical fantasies, and it was not difficult for him to connect her with an idealized image of his mother.

He pointed out that when with her he often complained of her wearing a transparent blouse, through which her breasts could be seen quite clearly. Associations to this showed that he was afraid that some other man would notice her figure and that she would be attractive to him; that the other man would have intercourse with her, after which he, the patient, would be 'finished'. These ideas were a projection of his own sexual wishes towards her, which he repudiated as immoral at the time. They were repudiated because the girl was an idealized and de-sexualized image of his mother with whom he had wished as an infant for sexual relations which he felt to be prohibited by his father. He was afraid that the transparent blouse would result in the excitation of the prohibited impulses, that he would perhaps give way to them and incur the wrath of the father, who would 'finish' him as a punishment. In addition it was clear that he wished to return to the mother's breast, seen through the semi-transparent blouse, and feared that the father would take her away and that he would be 'finished' by being separated from her protection.

It was evident that she played a double part in his life. She frustrated him, which was one of his unconscious needs, in accordance with the prohibitions of the super-ego, by her coldness. Yet she also tempted him both sexually and orally, in so far as these needs can be separated at the infantile level, by her transparent blouses. No doubt he played complementary parts for her. They were locked in a complex trap which combined frustration with excitation in its ambivalent qualities. Her unconscious wishes were well indicated by her claims of being the unwilling victim of certain men, and this will be discussed in the next paragraph.

THE RAPE FANTASY

Although she was a frigid girl, in fantasy at least his fears of her attractiveness to other men were not without some foundation. In a Services Club which she visited in a spirit of bravado, she claimed that she was given a narcotic drink by some American soldiers, and, so she said, was raped while unconscious. After she told him this, the patient was overcome with pity for her and he felt that he would be her rescuer, marry her and pretend that he was the father of her baby if she had one. She did not become pregnant, however, and their relations then wavered between a rather cool warmth and complete coldness. They did not have sexual intercourse, because the patient regarded this as a highly obnoxious and revolting habit, which, so far as he could judge, his friends indulged in 'right and left'. The girl was found to have a slight touch of pulmonary tuberculosis. She was in a hospital for some time and made a good recovery. After that he had lost touch with her. In the course of the analysis it gradually became clear to him that she stood for an idealized and apparently sexless mother-image, the unwilling subject of sexual attacks by the father, as by the American soldiers, while she was unconscious or asleep and could not be held responsible for her actions.

The patient's desire for intercourse with her was largely transformed, in accordance with the sublimation of his sexual desires for his mother, into an interest in mathematics and especially in conic sections. It was also projected upon other men, and took the form of a fear that they would seize and rape her, an idea which she reinforced unwittingly. In this fantasy his childish fears that his father would take his mother from him were also present by condensation. Her own stories of her rape fulfilled his fears, in fantasy if not in reality. He wished to rescue her, the mother, from the father, and to usurp his place by claiming to be the father of her baby. Her own personality would be highly interesting, but she was never seen by the analyst, and nothing further is known of it except that eventually she made an apparently happy marriage, which will be mentioned later. In due course the analysis of his attitude to her lung trouble revealed further identifications between his interest in her and in his mother, who died of pneumonia after which he himself had developed a fear of lung trouble.

HOMOSEXUAL AND CASTRATION FANTASIES

Now we may turn to certain dreams which frequently appeared after this stage. They were all expressive of the patient's conflicts with his father and the unconscious effort to solve them, by homosexual fantasies, sometimes passive and sometimes active, and by castration. In a passive fantasy we find him dreaming that he was trapped in a glass aquarium in the factory in which his father worked, and where he had himself helped at one time. He felt afraid of being overwhelmed. Associations led to passive homosexual and castration fantasies, such as the memory of another dream, in which he had his left arm skinned by the family doctor and sewed upon the arm of a priest, who was also a kind of father. During a large part of the treatment he suffered from cramp in the left arm, and this will be discussed later. Associations to the arm-skinning dream showed that the fear of treatment by a doctor was a castration fear, and also a resistance against passive or feminine homosexual fantasies, namely, wishes to be deflorated by the father or priest, and to be sexually united with him. In connection with the aquarium dream it is interesting that some time after the treatment he started keeping tropical fish in glass tanks at home, took a delight in watching their activities, and especially in feeding them on minced worms, which he dug up in the garden in which his father worked. On one occasion he bubbled more than the usual amount of oxygen through the water, and said that after this the fish paired off and started 'kissing', and he demonstrated this by holding up his hands as if they were fish and making the tips of the fingers touch. From this it is clear that, as a result of the treatment, the homosexual and castration fantasies were changed into constructive forms and, able to express themselves in a sublimated way, namely by breeding fish.

An example of the active type of homosexual fantasy was a dream of forcing his father into a feminine position and then having sexual intercourse with him. Associations to this led to ideas of seizing his father's pipe and wrenching it out of his mouth, whereupon the pipe became a penis, as in associations to a previous dream, and he had intercourse with his father again in fantasy while in the analytic session.

Castration constantly appeared in the dreams and associations, in various forms, but was perhaps expressed most vividly by one of his symptoms, namely cramp in the left arm. He was told that this would eventually disappear as the analysis proceeded, and no active efforts were made to deal with it although it came up for discussion a number of times. The reason why no special efforts were made to deal with it was that it was obviously a symptom which had deeper causes which could be tackled by gradual means more effectively than by a direct approach. Its meaning came out clearly in a dream in which the patient's left arm appeared as a penis attached to his shoulder, and was cut off by a surgeon. This was coupled with a dream in which he had intercourse with a friend's mother while her two daughters looked on admiringly. The mother had told him that he was 'quite a member of the family', and he had felt sexual attraction to one of the daughters. After this dream the term 'member' seemed to mean 'arm' or 'penis', and 'member of the family' meant 'father of a family', an unconscious wish-fulfilment. He explained how he had to sleep with his left arm sticking straight out of the bed, while in waking life he could not lift it above his head. Thus it was easy to think of the arm as a penis about the possession and use of which he felt guilty because of its incestuous proclivities, erection appearing at night, when the arm would not lie down, and castration by day, when it would not rise up.

ABSENCES FROM TREATMENT

At about this stage the patient twice absented himself from the analysis. The first time he was afraid to come at the right hour, but came at another time when he knew the analyst would be engaged, and told an attendant to say that he had to go to Edinburgh, and that it was necessary to hurry to the train without seeing the analyst. The railway time-table soon proved this to be a lame excuse, and at the next session care was taken to avoid making the patient feel guilty over the incident. On the occasion of the other absence he had toothache and had to go to the dentist to have one of his upper incisors extracted. It was true that the tooth was due for extraction, but nevertheless the fantasy meaning of the incident was easily interpreted as expressing the need for castration. Thus we see again that fantasy needs and reality needs are constantly interacting in daily life. It would not be going too far to say that the sudden accentuation of pain in the tooth was caused by the unconscious need for castration then coming up in the analysis, although the tooth had a real decay which would have necessitated its removal sooner or later. Since the analyst was refusing to castrate the patient, which was what he wanted unconsciously, owing to the transference, he absented himself from treatment and made the dentist do it instead. These interpretations were explained to him at the next session.

These absences from treatment marked a change in the course of events. The patient had now recovered his confidence to a suprising degree, and was beginning to put on weight, a physical symptom of mental improvement. He had lost the compulsive need for masturbation to a great extent, concerning which no voluntary efforts had ever been successful with him any more than with other people. He ceased to worry over its imaginary ill effects, when the explanation was given to him that such worries are simply punitive obsessional thoughts manipulated by the repressive super-ego to make the individual suffer more than ever from sexual guilt. He was also able to do mathematics more easily, and had lost to a considerable extent the compulsive need to re-write pages and pages of calculations over and over again in vain efforts to make them neat and tidy enough to satisfy an excessively critical scrutiny. He was able to attend social gatherings and parties without extreme distress, and had lost a futile compulsive interest in collecting tiddly-winks in his trousers pockets. He began to find his step-mother more tolerable.

ANAL DREAMS

At this stage there began to appear a wealth of dreams from a lower level of unconscious fantasy formation. These were mainly anal in origin, and a good example, to be considered below was the dream of Tomato Castle and the River of Muck. These dreams led in turn to deeper and deeper fantasies and to the central themes of the analysis, the octopus and jelly-fish fantasies, which will be considered in the next chapter.

After the analysis of the castration dreams just mentioned the patient became more tolerant of lying on the couch while giving free associations. However, while relating anal dreams and giving the associations to them, he frequently suffered intensely from abdominal pains, and when this happened he often found that lying on the couch was almost unbearable. He was forced to sit up, or stand and walk about the room in order to gain relief. These pains were interesting in several ways, but one of their unconscious meanings was the effort to reinforce the resistances, so that the treatment might be ended by exciting a fear in the analyst that the patient was really suffering from a physical and not a psychological illness. In many physician's consulting rooms and hospital wards and clinics, where symptoms rather than the deeper psychological causes of illnesses are studied in great detail, this aim of symptom formation often leads to conditions of permanent invalidism, especially in hysterical patients who often have a great propensity for the formation of symptoms of apparently physical origin.

LEVELS OF LIBIDINAL DEVELOPMENT

It has been widely accepted by psycho-analysts that there are three main levels of infantile development and fantasy formation, from which symptoms may arise in neurotic and psychotic conditions. In children who develop normally these levels or stages are passed through and left behind, their contributions to the personality being constructive and harmonious. Many causes may contribute, however, to 'fixations' of development at one or more of these stages, just as a boy climbing a fence may be caught by a projecting barb and get stuck or tear his trousers, though it would be a mistake to think of fixations as being completely rigid. These causes include all critical events of an emotional kind, such as the death of a loved person upon whom the infant is dependent or whom he hates, all illnesses of a severe kind and periods of hospitalization, excessively severe discipline and punishment, and also marked gratifications and indulgences. It would be out of the scope of this book to explain in detail all these possibilities, and, indeed, it would not be practicable without giving numerous examples and discussing them at length. When these fixations of libido investment occur, the person in after life may have excessive difficulty, as it were, in endlessly struggling to free himself from the infantile tangle, or, when there is a shock or emotional trauma in later life, such as a sudden death, a separation or even an intense gratification, he may regress emotionally to the fixation point and have a neurotic or psychotic breakdown. The inability to free himself accounts for the 'repetition compulsion' of the Freudian theory, or is at least one of its main causes. Unless the fixation can be dislodged by analysis, the person repeats the same frustration pattern again and again in vain efforts to be free, and is all the time unconscious of the real difficulty which holds him back, but may offer numerous rationalized explanations of a secondary character. Later in the book reference will be made to a girl called Irene, in whom the patient became interested. She had a repetition compulsion of an essentially hysterical nature, making her fall in love with one man after another, often with married men, and never freed herself from the inability to make an adequate attachment to any one of them and eventually became embittered, which was perhaps her only escape other than psycho-analysis.

The three main levels are not to be thought of as rigidly separate, and they tend to be subdivided into component levels which are not rigidly separate either, but often overlap and coincide to varying extents. The main levels are called the oral, anal and phallic stages. The oral level is that in which infantile interest centres almost entirely about feeding activities, and when, indeed, the main and almost exclusive channel of active contact with the world is through the mouth, and that outer world itself consists for its experience almost entirely of the mother's breast. This, the earliest level, tends to be divided into two parts, the first in which sucking alone is the major libidinal or aggressive activity and channel of external contact, and the second in which sucking and biting occur together. It is characteristic of the early oral stage that fixations at this level tend to be accompanied by the fear that the loved object might be destroyed by the very act of loving it, because to love the mother's breast is to take it into the mouth and make it disappear. Without doubt many of the struggles and terrors of early infancy may be understood also as due to aggression. Contact with the mother, loving her and the danger of her disappearance are linked in a manner which seems absurd to adult logic, and when she actually absents herself it may seem to the infant that loss of the mother is due to his love or aggression. This is why the rather rigid and formal separation of mother and infant practised in modern techniques of infant rearing is so often productive of deep anxieties in later life, and a free and permissive relationship is important. In schizophrenia this attitude to the loved object is only too clearly apparent. The writer has treated a moderately schizophrenic girl for about eight years, during which she has gradually improved as a result of a technique deliberately directed towards allaying this particular kind of anxiety. As soon as he obtained a small transference she would brighten up a little, but on leaving the clinic she was overcome by fears that he was no longer there and she would get off the tram and return, often several times, to make sure. She also found his telephone number and his address and wrote and telephoned to him repeatedly, always obviously with the unconscious aim of reassuring herself that he was still there. If it seems that the real danger underlying schizophrenia is the loss of contact with reality in the shape of the mother's breast, which leaves the infant floating as it were in a universe of fantasies directed towards the replacement of the loved object, this is quite true, but the essence of the problem is the fear of the infant that his own love or aggression has made her vanish.

This may be illustrated by referring again to the case just mentioned. If the writer was tired or a little pre-occupied or depressed when he saw the schizophrenic girl, or if he had a cold or even a cut on his hand which she noticed, then her anxieties were redoubled. The positive transference would tend to be withdrawn, and it can disappear with surprising rapidity in a schizophrenic, and she would have a sleepless night struggling with a kind of delirium which she was unable to explain in words and could not bring into contact with ordinary reality. She was afraid that her own libido was destroying him, the mother, and she defended herself by an intense activation of schizoid fantasies. She was much helped by being given occasional presents to take away with her, as substitute objects for the therapist. The most effective of these, characteristically enough, was a bottle of malted milk. She was then able to swallow the analyst-mother's milk at home but still find him intact when she returned to the clinic. This produced a marked reduction of the schizoid anxiety.

The later oral stage is distinguished by biting in addition to sucking, and is an aggressive phase in which there are fears that aggression will dismember the loved object. This is different from the fear of losing contact with it, and this stage is highly ambivalent and carries with it the conflict between libido and aggression, while it leads to a strong tendency to try to separate love and hate, to dissociate the loved and hated aspects of the same object. In general the oral stages are concerned with taking in of objects and ideas, or introjection. Images of loved objects, mainly the mother, introjected in the infant's efforts to maintain a contact with her uninterrupted by withdrawal of the breast, tend at the early oral stage to provide an inner world of fantasies, sometimes persecuting, to which he clings all his life. These give a characteristic quality of self-sufficiency and loss of contact with outer objects and people to his personality. This is essentially schizoid. Fantasies of loved objects, still mainly the mother, introjected at the late oral phase have a different psychological function. It is rather that of restitution or re-establishment of the breast which, in fantasy and indeed frequently in reality, has been attacked and injured by the infant's own aggression in biting, and which is not only 'bad' because it is damaged but also because it might retaliate. It is therefore understandable that fixations at this stage give rise to melancholic states and fantasies. If, in later life, the mother or any person dies, to whom the love for the mother has been transferred, then the patient fears that he has killed her by his hate (rather than by love) and is overcome by guilt, tries to die with her and may commit suicide. Until this 'bad' object with whom he is identified by introjection can be expelled from the ego or overpowered, melancholia will persist. Since deaths are inevitable and daily occurrences, it is not surprising that social organization provides us with techniques and opportunities for dealing with our feelings of guilt and with these 'bad' objects. To take a simple example, after a funeral it has been customary to eat the 'funeral meats' at a formal gathering of the deceased's most intimate relatives and friends. Thus we accept symbolically his dead body and prove that none in particular is guilty of having injured him. The patient discussed in this book had a number of late oral fantasies, but they were peripheral rather than central in his illness.

The anal level is that in which the infant is seeking control of rectal and bladder sphincters, and is concerned with the problems of expulsion, or projection. In it the outside and social contacts in the main are those which, from an adult point of view, concern cleanliness training. The infant seeks to control, annoy or please the adult by its timing and placing of excretory acts, and also may wish to overwhelm the adult, at the same time feeling guilt and fear of swamping him or her with unwanted love or hate, either of which is represented by its excreta. The adult seeks to control the infant by imposing conditions and giving precise rules for bowel action, and distributing praise and blame accordingly, for excretory acts which are considered to be right or wrong in time and place. The anal stage is divided into two phases, an early one in which activities are chiefly concerned with wishes to please or displease, coupled with wishes and fears about swamping with love or hate, and a later stage in which a more objective attitude is adopted. This later phase brings ideas and impulses about control and orderliness, and adult ideas about cleanliness, neatness and regularity of actions, which are introjected or drawn into the super-ego, on the basis of the previous oral phase. These more adult but still infantile ideas now dominate the picture. The anal stage is therefore full of conflicts, giving and withholding, making and destroying, pleasing and offending, swamping with love or with hate, being clean or dirty, tidy or untidy, doing things in or out of time and place, finishing an act neatly and efficiently or never bringing it to an end at all, even after obsessively persistent efforts, like the efforts, so often inhibited, to defaecate at the times and places of the parent's choice.

The early anal stage is probably associated with paranoia, a psychosis in which projection, which corresponds to the expulsion of faeces, is the predominant mechanism. The self-aggrandizement of paranoia may correspond to the importance of doing a big anal act. The persons feared in paranoia are like living images of the faeces, and are feared and hated because they are important and attractive in the unconscious. The ego must defend itself against the desire for their re-incorporation in an anal, persecutory homosexual way. The later anal stage is the centre of obsessional conflicts, and with it we pass into the realm of neurotic rather than psychotic illnesses. Now there is more contact with reality and the personality is less influenced by its projected and introjected fantasies. This is the stage at which fixations give rise to the kind of person who is constantly occupied with needs to manipulate ideas, objects, people, as substitutes for excreta which may represent love and hate separately or together. Obsessions and compulsions are not far from paranoid fantasies. The later anal ego may be tidy in some ways, untidy in others. There may be impulses to make collections, such as of money, match-boxes or railway tickets, all of which represent faeces. Obstinacy and persistence, and many highly valuable character traits, such as cleanliness and efficiency, are of late anal origin, though there is a tendency to make oneself and others suffer by setting impossibly high standards, which seem to justify the aggression turned against those who fail, as if in righteous punishment. Institutions and offices are full of anal character types, people who often have a strong tendency to pry into other peoples' business—their excreta—and arrange their lives for them. This they do, unfortunately, only too often in essentially prohibitive ways. They are people who tend to arrange other people's activities according to rules so efficient and complex that they cannot be applied except with distress and difficulty. They do to others what they felt their parents did to them.

The phallic stage is that in which the focus of emotional interest, the main body of libido investments, centres upon the genital organs, but in an immature and inhibited way. The super-ego prohibits open genital activities and experiences, by the fear and the anxiety they excite in the ego. This anxiety is mainly due to the conflicts of the Oedipus situation, or the complementary Electra conflicts for girls, and true genital functions are held in a suspense which must be changed in their favour if a happy further development is to be achieved. In this stage there are many impulses to give alternative expression to these functions, and the more familiar unconscious forms of symbolism and sublimation develop. Other bodily functions, and mental processes, are invested with the phallic libido, in place of the sexual functions themselves, and are then often subject to repression because they also tend to excite anxiety. In the present case we have seen this difficulty clearly in the problems of the integral calculus. Hence the person affected may have various motor and sensory disturbances, such as pains or cramp in the limbs, eye-strain, headaches, stuttering, anaesthesias, and many other essentially hysterical symptoms. All of these express sexual excitation and inhibition at the same time, with displacement to apparently non-sexual objects and ideas. When there is a marked displacement coupled with inhibition, we have conversion hysteria, but where displacement is less marked and there is more excitation than inhibition, we tend to find anxiety-hysteria or an anxiety neurosis. The present patient's difficulties with the left arm were mainly in the form of conversion hysteria, though there was a fair amount of anxiety as well as the physical symptoms. In all normal persons genital maturity is reached by the breakdown of the frustrating inhibitions, and by the proper integration of the mature sexual functions into the personality. This is why so many critics of psycho-analysis, who are themselves not genitally mature to an adequate degree, and who still fear mature development because of the persisting unconscious conflicts, often abuse analysis by saying that it advocates sexual liberties. It does not favour liberties, but it does encourage the adequate developments of which such persons are both afraid and in need at the same time.

In the course of the present patient's treatment the first fantasies which came to his consciousness were phallic. When the anxiety attached to them had been relieved to some extent, aggressive, homosexual and castration fantasies appeared. There was in addition the deeper but fragmentary dream of the pond of urine and milk, and anal fantasies soon appeared, to be followed by oral fantasies which will be discussed in the next chapter. The predominant fixations were in the late anal phase, and gave rise to numerous obsessional impulses and inhibitions. There were subsidiary fixations at the phallic level, giving rise to phobias, anxieties and hysterical tendencies. Fixations in the oral phase were chiefly at the early level, from which the patient's schizoid tendencies arose. Biting fantasies, of late oral origin, will be mentioned frequently in the next chapter. It would seem however, that the late oral stage left no fixations strong enough to give rise to dominant melancholic tendencies. Even the frequent fantasies about death, so often predominant in melancholic patients, were in his case essentially phobias and obsessions, backed and reinforced by schizoid anxieties. He was never troubled by an overpowering sense of guilt for failing in some real or fantasied duty, nor did he have the complementary wish for or fear of death as a punishment for supposed shortcomings, which often leads melancholics to suicide.

TOMATO CASTLE AND THE RIVER OF MUCK

As we might expect, the anal fantasies alternated with sexual ideas and fantasies or were combined with them and with thoughts of castration, and this will be illustrated by the following example. The patient brought no dream to the session, but was asked to lie on the couch and relate any thoughts which occurred to him. He thought of climbing a tall tower, with a lantern at the top, from which he looked down and saw a river of green muck full of worms. The river flowed into a lake in which there was an island; in this island there were tomatoes growing inside an old castle. The tomato plant turned into a leg with a foot inserted into a woman's slipper, whereupon all the toes of the foot were cut off and the stump was left bleeding. After this the blood flowed away down a waterfall and into a drain full of green urine. Then the whole cycle was repeated in a slightly different form, and, later, while the interpretations were being discussed the patient sprang up from the couch with intense abdominal pains.

It was apparent from the associations given that the tower was the patient's penis, erected and seeking intercourse with the mother. This was a phallic fantasy. The river of muck was the rectum and/or vagina, apparently leading into the mother's womb, the pond, while the island was another womb with a castle for a vagina, into which a tomato plant was growing, like a penis inserted, with tomatoes for testes or perhaps for drops of blood from the broken hymen. The symbolism changed into a foot for a penis, inserted into a shoe for vagina. Then anxiety was excited and castration followed, the toes being cut off. This was already provided for in the symbolism of the tomatoes—'toma' is equivalent to 'cut', as in familiar words with a Greek origin, like microtome, leucotomy, anatomy, and 'toes' is the same word as 'toes'. Blood from the castrated foot formed a fresh river of muck, converted itself into anal matter and the sequence started all over again in an apparently endless cycle.

Fears of sexual pleasure and achievement at the phallic level were due to the conflict with the father, who was in his son's fantasy jealous of his possible relations with the mother. This led to castration if the ego attempted forward movements towards the adequate genital attitude. If, however, he recoiled from castration, and escape from the Oedipus conflicts was sought by regression, there was a recrudescence of infantile anal fantasies. The sequence therefore followed the course: erection, incest, castration fears, regression, and round again. The patient was trapped between anal and obsessional inhibitions behind, and castration or impotence before. The precise nature of the unconscious symbolism became clearer when he realized that the penis is anatomically in front and the anus behind. There was in addition the complication frequently met with of the confusion between rectum and vagina. He understood these problems only too vividly. The analytic task was to help him to overcome the frustrations underlying the symptoms of his illness.

A CASE OF OBSESSIONAL MELANCHOLIA

In order to help to make clear the distinction between the present patient's illness, which was predominantly determined by fixations at, and regressions to, the late anal and early oral phases, it will be interesting to include here a short account of a contrasting case.

The melancholic and obsessional effects of late oral and late anal fixations were seen vividly in the behaviour of a woman patient aged about 25 years, who had been employed as a packer of postal parcels in a clothing factory. Some months before she came for treatment, owing to the strain of work and especially of overtime and of night work, she gradually came to suffer from the obsessional idea that she had left something inside each parcel which she tied up at the factory, and also from the compulsion to open it again to recover the lost object. This multiplied her work three- or four-fold and made her very slow, so that she felt very stupid and the forewoman complained in no uncertain terms, thereby adding greatly to the patient's distress. She became very depressed and soon suffered from intense feelings of guilt and unworthiness, and even from fears that if she did not re-open the parcels their recipients would be endangered by the objects which she believed she had left in them. These obsessional and melancholic symptoms soon made it impossible for her to continue her work, and owing to various circumstances she found her way into the writer's hands as a patient.

She felt that the obsessional idea of having left something in each parcel and the obsessional need to open it to recover the lost object were both absurd, but could not overcome them by any efforts of will. The feelings of depression and unworthiness she viewed as just penalties for her own stupidity. When she had been for a consultation several times and talked over her difficulties in a sympathetic way, she began to feel happier. Melancholic illnesses are all spontaneously recoverable, at least in principle however long they may take, and this depression was already beginning to lift. After each of the early interviews she went away more cheerful, but invariably returned in a few minutes deeply apologetic, and explained that she was afraid she had left something valuable in a corner of the consulting room. The writer then helped her to make a careful search, although he knew she had not left anything. On finding nothing she was reassured. After about twelve interviews she began to recover very rapidly and soon went back to work, but it was arranged that she should not return to night work or to the packing of postal parcels. Her employers knew well that she was a most hard-working and conscientious woman and were glad to help her.

This case would deserve a long discussion, if space were available, but for the present purpose it will be best to make only a short comment. The objects left in fantasy in the parcels were dirty napkins or packets of infantile faeces. They were felt to be valuable and dangerous at the same time, and she had to get them out again for safety's sake. The stress of work, especially at a task so near her own potentially dangerous unconscious fantasies, and at night, which she associated with the time of parental intercourse and her infantile wishes to attack the parents with faeces and separate them, had brought about the regression to the late anal level. The fantasy objects left in the consulting room were also infantile faeces, but this time they were valuable gifts for the analyst, to repay him for the help and sympathy he had given as a mother substitute. The need to open up the parcels was an oral aggressive impulse, in which the parcel was used as the mother's body which she wished to cut open with her teeth. She wanted to prove that there was no rival baby in her mother's womb, or, if she found one, to tear it to pieces and her mother with it. In this part of the fantasy the faeces were her father's penis and also the feared rival. At the late anal level the fantasies were those of attacking the parents with parcels of faeces, and then of repaying the analyst with similar parcels as gifts; at the late oral level the fantasies were those of tearing open the mother's womb with her teeth and destroying the baby which she feared she would find inside it. In the illness from which she suffered these fantasies had been stimulated as the result of regression, and then they were in turn the causes of intensified activity of the aggressive infantile super-ego, which gave rise to the melancholia from which she suffered.

By recognizing these unconscious meanings and acting in such a way as to appreciate them and reassure the patient, but without overt interpretation, the writer was able to help her to make a rapid recovery. Her conscientious and hard-working personality accorded with the obsessional-melancholic underlying disposition. Any action which increased her guilt or intensified her infantile fears, or any criticism, would have resulted in further regression, more severe depression and deeper symptoms.

CHAPTER IV

THE EIGHTY-EIGHT ARMED OCTOPUS

QUITE soon after the emergence of the anal fantasies, the treatment underwent an interesting and important development which will now be described. It represented the centre and focus of the patient's problems, and at this time the lowest level of unconscious fantasies touched upon in the analysis was revealed.

ORAL FANTASIES

Early anal fantasies were combined freely with phallic material, as illustrated at the end of the last chapter. Soon they became involved with fantasies from the late oral level, in which biting and eating, and the reciprocal ideas of being bitten in retaliation, were prominent. These showed the patient's hidden melancholic tendencies, which arise from the introjection of late oral aggression. Early oral fantasies of sucking and swallowing, and of the difficulty in distinguishing his own body from that of his mother, soon became marked, however, and confirmed the existence of schizoid personality traits, which are generally known to originate in early oral fixations and frustrations. In spite of the frequency with which early anal and late oral fantasies appeared, the principal points of fixation were early oral and late anal.

The first significance of teeth in the dreams and associations was phallic. In this chapter, however, they will be found to reveal late oral impulses, and this gives a good example of condensation of meanings in the latent content. The phallic use of teeth always had meanings from the deeper level attached to it. Even near the end of the analysis, the patient still felt slight fears of cutting and wounding his girl friend in social intercourse with her, though such fears gradually disappeared.

THE EIGHT-KEYED PIANO

The peculiar infantile meanings of many of the patient's fantasies and symptoms became clear through the analysis of dreams and associations such as the following. In one dream all his teeth rotted away, were extracted and replaced with a set of false teeth. He associated to the word 'tooth', at the next session, and was warned that if abdominal pains came while he was lying on the couch he was to tell the analyst about them but not to let them intimidate him, if possible, or prevent him continuing the associations. The word 'tooth' brought up vivid memories of the dream and of the comfort in it of having false teeth instead of the rotten ones. Then the false teeth changed in his visual imagery into darts, and into a darts board full of darts which was hanging in a room in which there was a fire. The room was part of a church, and brightly coloured sunbeams came through the stained-glass window, showing a saint, and fell on the fire, which they seemed to extinguish. It seemed odd that the sunbeams and the fire should be in the same room. There was an emotional feeling of inviolable sanctity. Then there was a blockage of thoughts and associations for five minutes, at the end of which the patient said, with an air of relief, 'Now I've got something.' It was an image of a piano with eight keys, for the left hand, on which he was playing. After a short time he opened the piano and found it to be full of green urine and seaweed. At that moment it was apparent that the piano was inside a room in a church.

It was then explained that the blockage was due to the repression of a memory or fantasy too emotional for his conscious ego to tolerate, and that, in striving to grasp it, he had approached it in two different ways, once from the idea of the teeth, and once from the idea of the eight-keyed piano. In order to help him to grasp this blocked idea or experience, he was asked to associate to the word 'eight'. This word was chosen because the analyst saw in it possibilities which were realized even more fully than he expected at the time. They will now be explained.

When the patient associated to 'eight', he had an image of a figure '8', which then turned sideways and became two wheels rotating in opposite directions with a crossed belt round them. This image then became a tambourine, and at this point it should be said that the analyst noted a double clang association which escaped the patient's conscious scrutiny, but which proved to be of considerable interest almost at once. It was clear that the tambourine was a round instrument like many different forms of female symbols found in earlier dreams and fantasies, especially symbols of the mother's breast. The wheels and the figure '8' had the same significance. There was, however a clang association between 'Doreen', the Christian name of the patient's former girl friend, and the second part of the word 'tambourine'. The first part of this word, 'tam', also associated to 'tampax' a special kind of sanitary appliance for women. The analyst realized that 'tambourine' meant the menstruating mother, represented in fantasy by the girl friend Doreen. The tambourine imagined by the patient had a small lid through which he could see that it was full of green urine and seaweed. The tambourine then became a baby's comforter, and he remembered being told of an incident in his infancy, when he was being taken along the canal towing path near Rosemount in his perambulator, at about the age of eight months. When he threw his comforter into the canal it was swallowed by a swan. The unconscious connections were apparent between Rosemount, near his birthplace, through which the canal passed, the mother's Christian name, the river of muck and the vagina. The age of about eight months linked up with the eight-keyed piano.

His attention was then directed to the eight keys of the piano, which turned into teeth at once, and then he described bars of chocolate floating about in the air. It was clear at this point to him that 'eight' was an unconscious pun on 'ate', that the teeth were his own, that the piano full of seaweed and green urine, on which he was playing with the left hand or masturbating was his own body, or penis, and that the tambourine combined the idea of his own body with that of his mother's breast and his comforter in the same imagery, just as guineas combined fees or faeces in his own body with the mother's breast before. The darts board was also her breast with his darts or milk teeth stuck in it. The idea that there might be a double association connecting the tambourine with Doreen and tampax was immediately confirmed, because the patient suddenly remembered an infantile experience. He was in bed with his mother, and his father was as if vaguely present too. His mother got out of bed and he watched her urinate into a chamber, and noticed to his intense horror that she wore a sanitary towel which was stained with blood. While lying on the analytic couch he experienced again the terrifying emotions of that infantile episode, and was able to report his memory of it only with the greatest difficulty. He had been deeply upset, thought she was wounded and dying, and that he had injured her and would be responsible. The connection between this memory and the origin of his present illness, which followed her real death, now became vividly clear to him, and he was greatly relieved by the insight gained in this way.

THE MISSING FANTASY

The fantasy which was missing and which he tried to approach by the idea of teeth on the one hand and the equivalent notion of the eight-keyed piano on the other, was the mother herself who had been swallowed, or the fantasy of swallowing her and making her disappear, which was the central problem of his breakdown. He had been dealing with late oral or cannibalistic fantasies of attacking and destroying her with his teeth. His milk teeth had rotted away in the dream as a safeguard and retribution dictated by the prohibitive super-ego, and had been replaced by harmlessly false teeth. On the early anal level there was the fear of drowning her love with floods of urine, like her own urine and blood, just as the stream of coloured light in the fantasy tended to extinguish the fire inside the church which was her body. The saint was himself inside her body again, trying to escape all guilt by a fantasy of absolute virtue and identity with her.

All pointed to the deeper origin of his problems, which were not derived primarily from the late oral or cannibalistic level. The memory of the incident on the canal bank was unconsciously exploited as a fantasy expressing and leading towards the deeper sucking or early oral level. In it he threw his mother's nipple or breast, her love, represented by the comforter, into the canal or infantile throat, where it was swallowed by a swan whose neck was the throat again, or perhaps the infantile penis. This imagery also contained the fantasy of the infantile penis being swallowed by the mother's vagina, and that of drowning the mother's love in the canal of urine and faeces.

In the fantasy or memory of seeing his mother's blood-stained sanitary towel he had found confirmation of his fears that he might have injured her in oral and phallic ways, because she was bleeding and shedding urine at the same time. The memory of the canal bank incident took him back to an earlier level, that of swallowing, which was equivalent to making the mother vanish by loving her, rather than the later cannibalistic idea of biting, which made her seem to disappear as a result of his aggression. The earlier fantasy is essentially schizoid, the later melancholic. It was characteristic of this patient that his oral development was dominated by the earlier rather than by the later type of fantasy, and as the analysis proceeded the earlier type became more evident and was most clearly expressed by ideas about jelly-fish to be mentioned below. If the incident of the canal bank never happened in reality, then the idea of it, built up out of various real experiences put together unconsciously, was a highly appropriate and expressive fantasy. If it did happen, which is quite possible, then it was exploited unconsciously on account of its fittingness at this point as a bridge to the early oral level in analysis.

His phobias of passing blood instead of urine himself, and of ejaculating blood when masturbating, expressed the identification with his mother coupled with the idea of retributory punishment by dying in the same way, inflicted by the super-ego. He had gone to a doctor several times to have his urine tested, but no blood was ever found in it.

The patient was extremely surprised and rather shocked by these ideas, and was too sceptical to accept them at the time. He was not pressed to do so, but was told that he would be able to test their truth for himself in subsequent sessions, and that the analyst would withdraw unconditionally any interpretation which proved untrue.

It was explained to him that his left arm, which played the eight-keyed piano, expressed childish needs for masturbation and was subject to cramp as a punishment inflicted by the prohibitive super-ego; that this cramp was identical with the rotting of his teeth in this respect, and with castration and death. He was reminded of his visit to the dentist to have a rotten incisor extracted, instead of coming to his analytic session a few days before, and also he was referred back to his earlier dream of wading in a pond of urine and milk. He accepted the connection between all these fantasies, and agreed that the figure '8', when on its side, was like two female breasts, and when upright, like a woman's figure surrounded by a belt. It immediately transformed itself in his thoughts into a double cone and linked itself with the sexual meaning of conic sections, punning on 'sex', and with the integral calculus, and Doreen, his former girl friend, whose graceful figure was like that of a dancing girl with a tambourine. It was at once apparent that the girl's frigidity was attractive, that it was the same as the sanctity of the church in his fantasy, and was a projection of his own unconscious need for sexual frustration, or even castration, to prevent intercourse with his mother or drowning her with urine as an infantile substitute for sexual love.

Throughout this session the patient suffered continuous abdominal pains, and it was explained to him that these were due to an introjection into his own body of the fantasied injuries to his mother, as a punishment for the idea of wounding her. They were also due to re-activation of the infantile fears that he would soil his mother, based ultimately on the desire to attack her with faeces and urine. It was suggested that he should endure the pains and prove that they were essentially infantile, fantastic in origin and harmless for the adult ego. The ultimate nature of aggression is a matter of much interest, and here it would appear to arise in the oral functions of sucking and biting, and also in the anal and urethral functions of excreting faeces and urine, in the phallic and genital acts of erection and penetration, but not from any specific death instinct, as often suggested. There is evidence of aggression in all these ways and in self-defensive impulses, but no evidence of a death instinct aimed at the extinction of life itself.

It is difficult to say whether the introjection of these aggressive impulses was partly the result of threats of punishment made by the mother herself or the father, for biting the nipple when being fed, or for performing excretory acts at times and places satisfying to the infant but untoward from an adult point of view. The phallic meaning of aggression may also have been derived in part, as will be seen, from a misrepresentation of parental intercourse as an attack by the father on the mother. Much fear seems to be derived from the experience of the very intensity of infantile instincts by the child itself, and these seem to overwhelm it so that it defends itself against them by introjecting a controlling and retributive super-ego, modelled on the environment and the persons around it, but very much more aggressive and uncompromising. Control of instincts feared by the ego within the personality itself is often sought by disowning them and projecting them on others, which accounts for the omnipotence, intensity and cruelty of the prohibitive super-ego subsequently introjected.

It was explained to the patient again that his mother's sudden death had apparently confirmed his unconscious fears of attacking her by biting and especially by swallowing her with his own infantile love. It was interesting that the feeling of inviolable sanctity in the church fantasy was connected with his mother's body through the name of his birthplace, Kirkbridge, the very place where his father worked (had intercourse) in a factory in which in a previous fantasy he had imagined himself as enclosed in a glass aquarium, and also through the name of the place where she died, namely Chapelhill.

THE EIGHTY-EIGHT ARMED OCTOPUS

At the next session further and deeper aspects of these fantasies were revealed in the most interesting forms. The patient came with a dream that he was struggling with a man who was trying to cut his head off with a scythe. As the scythe swung past his face he caught it in his hand by the blade, but without cutting himself, and twisted it out of the man's grasp. Then his assailant fell into a corner, when the patient proceeded to hack the man's head off with the scythe he had wrenched from him.

In making associations to this dream he remembered that his assailant had been a man like his father, wearing a white overall such as his father wore at work. The idea of 'scythe' made him think of a succession of images: a question-mark, a vacuum cleaner, an organ, the pedals of the organ, the accelerator of a motor car, a three-legged stool, an eight legged octopus, an eighty-eight armed octopus specially dangerous for sucking blood and which must be killed by poking out its eyes, an umbrella, his father under the umbrella sheltering from filthy rain, his father entering a fruit shop and buying rhubarb from a man with a red nose. These associations were mentioned in Chapter I.

It seemed that the question-mark might indicate some form of doubt owing to reduplication of meanings, and so he was asked to associate to it. This led to the idea of a hook being screwed into a wall and meeting resistance. The screw penetrated a pipe from which brown fluid issued and flowed into a sewer and out on to a dung heap. This heap became a grave and over it shone the sun. The sun became a circle divided into twelve parts containing the signs of the Zodiac. This became an electric street lamp from which the bulb fell out and a dog came to eat it and cut its nose. The lamp standard then had eight lights, and these were inside a big room with an oval carpet on which stood a table. At the table a boy was drinking milk out of a bowl, but his nose was running blood into the bowl and he stirred up the mixture of milk and blood and smashed the bowl. Then he lay down on the carpet in front of the fire, put a huge key down his back and seemed dead. A woman came into the room and, thinking him dead, rushed out screaming. A suit of armour which was hanging on the wall suddenly appeared to contain a man who was smiling contemptuously. Finally the suit of armour changed into a razor blade and so back to the scythe.

It was pointed out that these trains of associations led round in two circles, the one mainly phallic and the other anal and oral. Both circles combined phallic and oral features, but the anal qualities were mainly confined to the second circle. The circles of associations had emerged from the unconscious in the attempt to discover the meaning of 'scythe', and then of the question-mark. In the first circle of meanings the scythe transformed itself into phallic objects, such as an organ, which is another name for a penis, an accelerator, which has phallic meanings, an umbrella, which bears resemblances to cones and geometrical figures as well as being a sort of stick. It ended with the patient's father entering a fruit shop and buying rhubarb from a man with a red nose, which expressed parental intercourse, the rhubarb and red nose being penises and the shop and other fruit being female objects. This interpretation was supported by the fact that there was a blockage of associations at this point and the series came to an end.

Meantime the phallic series had also included sucking objects, such as a vacuum cleaner and an eight legged octopus, This became an eighty-eight armed octopus which sucked blood and had to be killed. It was pointed out that these dangerous sucking objects were projected infantile fantasies of himself sucking and swallowing, or eating, owing to the pun on eight, reduplicated in eighty-eight for emphasis, and confused in the infantile outlook with phallic activities, and with urinating upon the parents, like filthy rain, during their sexual intercourse. They seemed to be dangerous because of the confusion or failure to distinguish between swallowing and destroying, and so the danger of intercourse, which was also confused with swallowing and destroying the penis, was established, and need for sexual prohibitions arose.

The second series led through the phallic idea of the screw penetrating a pipe, to anal fantasies in the contents which ran out into a sewer and thence to a dung heap where they piled themselves up in a grave. This gave rise to the feminine symbols of geometrical figures characteristic of this patient, and these in turn led to a street lamp of which the bulb fell out and was broken, while a dog came to eat it and cut its nose on the glass. This incident was a fantasy of injuring the mother's breast by biting it and then being hurt in retribution, the lamp being the breast and the dog being the child himself. Then the lamp seemed to have eight lights and was inside a room with an oval carpet, in which a child was drinking milk out of a bowl on a table. Here the oval carpet and the table were the mother, and the bowl was the breast and was identified with cones from other fantasies. The eight lamps repeated the significant pun on 'ate'. Again the nose bled, and this time there was a mixture of blood and milk. The order of events was reversed here. The nose bled and then the bowl was broken. Thus sometimes the mother and sometimes the child seemed to be the aggressor. Here the blood came from the child's nose or penis, and this injury was again a retribution for the feared injury to her in biting the breast. Attack followed punishment this time, and the bowl was smashed. Then punishment followed attack and he appeared to be dead as he lay on the carpet, with a huge key, the father's penis, thrust down his back. Then, in his fantasy the mother found him, was horrified—a projection of self-pity—and was kind to him, while his father, protected by the strength of his masculine armour, smiled at him derisively, which expressed the success of the prohibitive-punitive super-ego. In lying on the oval feminine carpet, identified with it, the father's phallic key down his back, he was making a homosexual submission to the father. This was like death, but in addition, by further condensation implied the idea that the key of the analysis might unlock his difficulties. The man's armour became a razor, a cutting phallic object appropriate to the father, and the circle was completed by the razor turning into the original idea of the scythe, which he had snatched from his father in the nick of time, and used to kill him.

It was pointed out that in all these fantasies there was what was best described as a complex series of infantile confusions between (*a*) sucking and biting the breast and eating or swallowing and destroying the mother, with consequent loss and self-directed punishments; (*b*) parental intercourse, which he had probably witnessed and which had seemed to him like an aggressive attack on the mother and had awakened special fear and guilt in him; (*c*) his own excretory processes, perhaps excited by anxiety at the time, and which seemed like a destruction of his own body and threatened the destruction of the parents to punish them for their sexual pleasure; (*d*) help to be gained from the analysis, through the transference.

In this way it could be understood again that his mother's death had been an apparent fulfilment of the feared fantasies and had led to the neurosis. This took the form of (*a*) obsessional needs to control faeces and urine, symbolized in his extreme tidiness and cleanliness; (*b*) fear of sexuality and the renewed interest in an idealized but sexless mother substitute in Doreen; (*c*) phobias of dying of tuberculosis, a disease affecting the lungs or sucking and breathing organs, which was like his mother's pneumonia, and which also affected Doreen and might result in his spitting blood, an introjection of the oral-aggressive destructiveness he feared; (*d*) an ineffective effort towards sublimation of his sexual difficulties in the form of an over-intense application to mathematical problems which symbolized incestuous intercourse.

At this stage the patient showed marked improvement in two ways. Firstly, he had written again to Doreen, and sent her a toy black cat for luck. She had replied wishing to see him. He tried to manœuvre the analyst into prohibiting the meeting, but this was explained to him and the prohibition was refused. Since his girl friend was away on holiday, however, he heard nothing more of her for the time being. Secondly, he had written to his Unit seeking release because, after a quarrel with his step-mother about finances in the family, he felt that he should be doing something active towards a career of his own. This is to be contrasted with his attitude at the outset of the treatment, when he was obstinately content to sit at home reading and did not wish to do anything, or spent his time worrying in bed, fruitlessly tidying the ornaments on his father's mantelpiece, or endlessly re-writing his science notebooks to eliminate all errors and blemishes.

SQUEEZING BLOOD FROM A SPONGE

Shortly after the events just related the patient had the following dream. He remembered it in the bus on the way to his appointment, but was late and stumbled on the steps and also on the staircase, which, he thought, showed some resistance. The dream was of squeezing a sponge, out of which blood streamed into a glass jar and frothed over. He began his associations with 'sponge'. This suggested squeezing water out of the sponge instead of blood, and then the idea of a woman's breast being squeezed. After this he thought of the water streaming away down long pipes jointed together, and finally out into a sink. The end of the pipe from which it issued turned into a penis which was being skinned and was red and bleeding. It was being cut to pieces with a jagged knife. The penis changed into a polony sausage which was being sliced by a red-faced grocer. The man's head was then cut off and the veins, arteries and windpipe stuck out of the cut end of the neck. A bird issued from the windpipe and bit off its own tongue. Then its head was cut off too, and it was converted into a hollow china bird containing three eggs. The eggs turned into a penis and testicles, and it seemed as though he was pulling them off a child. This was a very distressing experience, and he required some reassurance before he could continue with the associations. The next step was that he suddenly recalled a forgotten dream. It had occurred the night after a visit from a woman friend of his step-mother's. He had noticed that she had a well-developed bust. She appeared naked in the dream and her nipples erected themselves and turned into penises.

It was explained to him that there was a network of unconscious associations arising from infantile levels, dominated by the early oral level, between all the fantasies connected on the one hand with squeezing or sucking the breast, from which blood or water appeared to issue in the fantasy, in place of milk, as if from a sponge, and, on the other hand, running water out through his own body, as through a jointed pipe. In biting the breast it was wounded and bled, but when water came from it this might be his own urine in fantasy, conforming to confusions or associations which had been discussed already. The open end of the body-pipe was a penis, and associations connected with it gave rise to a series of castration themes, ending with pulling the sexual organs off a small boy, who was himself, probably a mutilation self-inflicted as a punishment for masturbation and incest wishes. Gratification and punishment for prohibited desires were combined in the same fantasy: the one theme, indulgence, was identified with masturbating and with sucking the breast, and in turn brought the fear of eating it and drawing blood; the other, punishment, was expressed in the penis being skinned, the polony sliced, the head cut off, the bird biting off its own tongue and self-mutilation by the boy. It seemed that the punitive side was much over-determined. That is to say, it was enforced by a greater number of associative and fantasy themes than those which stressed the side of gratification. This corresponded to his daily life, in which he suffered badly from specifically sexual and generally social frustrations and inability to be happy with men or women. Thus it became clear to him that the theme of castration and sexual frustration was the self-imposed penalty for voluptuous infantile impulses and emotions, for sucking and masturbating, added to which was the fear of injuring the mother by biting and drawing blood, and this was an inverted expression of the desire to eat her—the wish is father to the fear.

In the concluding dream-fragment of erecting nipples which became penises, the mother's breasts had themselves become phallic. This was a projection of his desire for her upon her person, so that she seemed to be wanting him in the masculine way in which he wanted her. Also it was a fantasy of the phallic mother, which is often met with, and arises from failure of the infant to separate the parent images, with the consequence that qualities of both sexes are attributed to a composite parent figure. He was again reminded of the earlier dream of wading in a pond half of milk and half of urine, the meaning of which was now much more clear after the analysis of the fantasy of squeezing blood out of a sponge.

MELANCHOLIC AND PARANOID TENDENCIES

From the frequency with which biting fantasies expressing impulses of late oral origin have appeared in the dreams and associations it is clear that the patient had well-marked melancholic tendencies in his pre-genital organization. An event like the sudden death of the mother would certainly have produced a melancholic breakdown in another person, in whom the late oral fantasies were focussed by a much more definite fixation of libido, and the picture of external stresses presented in the present case is a very likely setting for melancholia. In this patient, however, regression was either arrested at the obsessional level by the greater prominence of late anal fixations, examples of which will be found in subsequent chapters, or it tended to by-pass the late oral level and to move towards earlier and more schizoid types of attitude owing to the strength of early oral fixations. As examples of the late anal type of fantasy it will be useful to mention one which will be reported under 'Excretory and Homosexual Dreams' in Chapter VIII. He was in the W.C. wishing to defaecate, and then did so all over his under pants by mistake, and there were other anal details concerning an uncle and his little boy. In the dream of 'Wandering from Home' reported in Chapter IX he thinks of defaecating and passing blood which dries and turns into mince on toast, and of somebody eating it. This is another late anal fantasy. Early anal fantasies, such as the piano full of seaweed and green urine, the river of muck or the pond half full of urine, were also frequent, but they seem to have been more easily dealt with by his ego, and they always tended to lead towards oral fantasies, just as the pond was also half full of milk at the same time. It is an interesting speculation whether the patient, if not analysed at this time, might have developed some paranoid tendencies in later life, owing to his early anal and homosexual fixations. Indeed he did occasionally show slightly paranoid impulses in the form of aggressive self-defence against semi-imaginary injuries to his position or reputation. It is clear from the analysis, however, that melancholic tendencies were moderate and paranoid tendencies were slight. If it is said that he warded off melancholia by resort to obsessions, this is not a sufficient explanation of what happened. Such an avoidance could not have been voluntary, but must have been a product of his personality structure itself. The explanation is that the late anal were stronger than the late oral fixations. The importance of the early oral fixations has been apparent in the fantasies just mentioned, but will be even more evident in the fantasy of 'Eyeballs and Jelly-Fish'.

OBSESSIONS WITH DEATH AND WITH THREES

At a slightly later date the patient came with no dreams, but reported constant preoccupation with the idea of death, and a morbid interest in talking and reading about death, although he was not depressed or suicidal. The idea of death was an obsession. However, he said that the morbid interest in death was more under his control than before, and that he was not so much disturbed in an emotional way by it, because it only interfered with his thoughts. This attitude is characteristic of purely obsessional symptoms. For instance, a girl of teen age complained that she was obsessed by the idea of things being in threes, of somebody saying three, or naming three objects, and at the same time that acts might be carried out in threes. She was not consciously afraid of threes or emotionally disturbed, but constantly felt the impulse to annul threes by making them into twos, fours or fives. Sixes, nines and other multiples of three also had to be converted into other numbers, such as sevens, eights or tens. For example, if her father spoke to her twice at tea time she became obsessed with the idea that he might speak again and make it three times, and, if he did, she felt compelled to act or speak herself in such a way to him that he spoke again and made it four, thus annulling the meaning of three, whatever it was, and she was so much troubled by this obsessional neurosis affecting all manner of acts, thoughts and situations in her daily life that she had to give up work and was quite miserable. Analysts will realize that she was unconsciously affected by a fear that her father would have intercourse with her, or, more correctly, a fear of her desire for incestuous intercourse, the male sex organs being the three things which were troubling her, two testes and a penis, the third, which always had to be annulled being the penis. She was unaware of the emotions, and there was extensive symbolical transformation affecting all manner of apparently unrelated objects, acts and ideas if they occurred or might occur in threes. This was a protective mechanism like the symbolic transformation in dreams. Most frequently the transformation was into bathroom objects, such as pulling the plug, turning the taps on or off, or accidentally making drops of water or urine in threes, or seeing drops that other people had made. This accorded with the essentially anal-urethral basis of the obsessions, though their effects in the neurosis were manifested chiefly through the patterns of the phallic level above. It was also clear that she was not an hysterical subject, which would have accorded with a phallic-level neurosis, but an excessively tidy girl of neat appearance, of the compulsively clean but inhibited type.

EYEBALLS AND JELLY-FISH

When the present patient was asked to give associations to the idea of death, he said that he thought of a coffin being put into a very deep grave and a man standing at the brink throwing in eggs. It was his mother's coffin and her grave. Associations to 'eggs' led to revolting ideas about squashing eggs and being sticky; to masturbating and making his hands sticky with semen; to the thought of being in a pram and his hot-water bottle bursting and making his clothes wet; to the memory that he himself had once been enuretic. Then he thought of a woman watering marigolds. 'Mari' made him think of his mother, whose name was Rose, through Mary Rose as an intermediate association. 'Gold' made him think of his step-mother's gold-rimmed spectacles. After this he thought of her eyeballs bulging and himself pulling them out and making a sticky mess with the fluid inside. Then he thought of a jelly-fish, unpleasant and squashy, and of it sticking to his skin and of himself cutting it off with a knife and stripping away part of his flesh in the act of removing it. At this point he became blocked and could not give any more associations.

He was then asked to suggest any link between eggs, mother, eyeballs, jelly-fish and semen. The link, he thought, would be in the idea of the mother's breast, of which they all reminded him, squashy and revolting to touch as he then imagined a woman's breast must feel to his hand. He was invited to comment on the view that all these associations were combined by three linkages: first, the mother's breast, desired in infantile consciousness, but lost in the grave at her death, as though his own body had been the grave which swallowed her, which caused a regression to infantile fixations in an unconscious effort to recover her again; second, fear of the attractiveness of women, essentially of the mother, which made him wish to tear out the eyes of his step-mother, for whom, an unreal mother, he was able to feel conscious hostility without endangering the love relationship with his own mother; third, the need for self-castration to overcome sexual desire in his own body, while the familiar identification between breast and penis still persisted. It was pointed out that excretory fantasies were added to the complex in the association to the bursting hot-water bottle and the memories of himself once being enuretic, and in the idea of a woman watering marigolds.

A TIRADE AGAINST WOMEN

This led to a long tirade against women, whom he then regarded as seductive and sensual creatures, who sapped the energy and weakened the independence of men. He viewed this tirade as strictly logical and objective in character, at that time, though he admitted that he felt strongly about it. The analyst was both delighted and amused, but careful not to give any hint that his feelings about women differed from those of the patient. While maintaining this attitude, however, he succeeded in concluding the session with a suggestion that the intensity of conscious opposition was a measure of the profoundness of the unconscious need, and he wondered whether the patient's attitude to women might possibly change so much that one day a woman's love would be essential to his happiness. The patient met this idea with uncompromising ridicule.

At this point we should pause to comment on the fantasy that women were creatures which sapped the energy out of men, because it appears again in different forms. It was never analysed directly, but various aspects of it came up for analysis in other ways, and its interpretation should be mentioned here, though it was not explained to the patient at this point. It condensed four aspects or subsidiary fantasies. The first was derived from the phallic level, and was a castration fantasy, namely, that of having the penis swallowed and sucked off in the mother's vagina as a punishment for loving her in conflict with the father. The second was the fantasy of swallowing her body, especially the breast, projected in self-defence, to make the ego feel that this dangerous wish came from the mother rather than from the patient's own infantile self. It was dangerous because he would lose her love if he swallowed her. The third was the fantasy that the mother's love would swallow him, and that he would not be able to free himself and be independent in his own life. The second and third came from the early oral level, the third being the most infantile of all these component fantasies. The fourth aspect was a more direct expression of the genital wish that he would find a woman who would accept his semen and create new life from it, and this was, of course, completely masked by the others, until the end of the analysis.

THE FAMILY DOCTOR AND HIS WIFE

In this session it appeared to the analyst that the father had been omitted too much from the associations. The analyst therefore decided to try to bring out the part played by the father at the next session, but this was not necessary because the patient came with a long dream in which the principal figure was the family doctor, a marked father substitute. Other figures in the dream were the doctor's wife and another woman, his son and the patient himself. Thus it often happens that the analyst perceives the next step to be taken and wonders whether he can facilitate it, while in fact the patient actually takes the step for himself in the ordinary course of events. This dream seemed to take place in a church, where the second woman, who had black hair, was to be married by a clergyman who was also the doctor. At the church door the patient had the vivid impression that she was to die, but to his amazement her eyeballs fell out instead. The doctor's wife was then dead, but also to be married, and there was a series of fights over her dead body, in one of which the patient took part. In this fight he was killed, and then came before God, who was the doctor, with a long white beard. The doctor was about to pass judgment on his own son, a medical student and close friend of the patient's in real life, with whom he felt much identified. At the moment of judgment the patient floated to and fro in the air in the room and was aware of being naked. Then the dream came to an end. It is interesting that this dream took place in a church, which, like the fantasy mentioned earlier in this chapter, linked with the names of the places where he was born, where his father worked and where his mother died, namely Kirkbridge and Chapelhill.

Asked to associate to 'doctor' the patient said it made him think of authorities and of stupidity, that the family doctor had always reminded him of the asinine qualities in his father, who seemed to froth semen disgustingly at the mouth. He then added that it was clear that the second woman in the dream was his step-mother, who was really black-haired, but in whose room he had recently found a bottle of hydrogen peroxide which surprised him very much because he had always thought her pale hair was genuine. Thus the dream clearly expressed his idea of the perfidy and falsity of his step-mother. When speaking of eyeballs he said 'eye-bells' by mistake. This was pointed out to him and he was asked to associate to 'bell'. He said that it made him think of the female breast owing to its shape, and that the clapper was a special device for pumping milk out of it, namely a tooth or penis.

The doctor's wife made him think of all the qualities in women which he hated. She was the epitome of all feminine shortcomings. It was clear that she seemed like his mother, though there was some resistance against admitting this in conscious form. He had felt guilty about his mother's death. It was explained to him that the dream expressed this guilt in the trial which he had undergone in the person of his friend the doctor's son. At first he carried out an attack on his step-mother by causing her eyeballs, bells or breasts to fall out, just as he had felt that the octopus must be killed by poking out its eyes. This had appeared in the previous session in the form of pulling out his grandmother's eyeballs. After he had caused his mother to die he had killed himself and was brought up for trial by his father who appeared as God or the doctor. This showed again why he always disliked doctors. Hatred and fear of his father was transferred to them.

The dream expressed fear of the mother owing to his own excessive mother-dependence, followed by reaction and attacks on her to establish his independence, and it also expressed hatred of the mother for giving herself to the father, and corresponding fear of the father and guilt for harbouring voluptuous feelings towards the mother himself. Underlying the fear of the mother there was the intense dependence, clearly expressed in the symbolism of the previous session, in which he had fantasied himself with a jelly-fish sticking to him, and of cutting away part of himself in his efforts to be free. The jelly-fish was the mother's breast and he had hurt himself or produced an emotional wound by his efforts to be free from his infantile need for dependence on the mother. Upon this background had been super-imposed the fear of the father and corresponding guilt and death wishes. Again it was explained to him how his mother's actual death had been a fulfilment of the unconscious wish, and had precipitated a regression to infantile dependency upon her, coupled with the fear of his own death as a consequence both of killing her in fantasy and of possessing her against the father's wish in infancy when she fed and looked after him. It is well known that a father often feels and even expresses jealousy of the new child's intimacy with the mother, and this sometimes leads to serious quarrels between the husband and wife, particularly where the father is himself very dependent on the woman he has chosen as a wife and who is really a mother substitute for him.

Certain aspects of the dreams and fantasies discussed here were not fully analysed or interpreted. For example, at the end of the dream about the family doctor, at the moment of judgment the patient felt that he was floating to and fro naked in the air. It was apparent to the analyst that this part of the dream was a passive homosexual ending to the conflict. The main interpretation of the dream, however, turned in the direction of the analysis of infantile dependency on the mother, and not on homosexual submission to the father which was an attempt to reconcile him, to atone for guilt resulting from the conflict with him and to be identified with the mother, all at the same time. The homosexual fantasies implied in the end part of the doctor dream will be found to reappear in a variety of forms and their analysis will be discussed in later chapters.

COMMENTS ON THE OCTOPUS FANTASY

The eighty-eight armed octopus was a combined fantasy of mother and child. The jelly-fish was a slightly more infantile form of the same fantasy. This combined fantasy was central for the analysis and its discovery revealed to the patient the basis of his complex and ambivalent attitudes to the mother image. If anybody has watched a squid, cuttle fish or octopus in an aquarium he will realize the appropriateness of the symbolism unconsciously chosen. The jelly-fish is equally fitting in its own way for a more passive and nebulous idea. The vast size of the largest octopus, and its enormous power, to be observed in the snake-like arms, correspond both to the enormous size and overpowering grasp of the mother in the infant's experience, and also to the urgent strength of his own instincts. The largest octopus lives on whales, which it holds with its numerous suckers, and has been known to endanger the safety of a small ship. The octopus fantasy fully expressed the infantile fears of all that was grasping and dangerous in women and the omnipotence of infantile desires. By inversion the jelly-fish stuck to him just as he felt that he stuck to his mother's breast, which it symbolized vividly in his fantasy. The inability to separate from it corresponded to the inability of the infant to distinguish between subject and object.

To explain more fully the many meanings condensed into the octopus fantasy, we can say that on the one hand it was the sucking, devouring, phallic, excreting infant, capable of squirting out its own body fluids, while on the other hand it was the mother's body, more particularly the breast and arms, while its flask-shape suggested the womb and its mouth the vulva. It was an excellent example of infantile thinking, and the psychologist might try to decide by what lack of development of the logical faculty or reasoning power the infant had failed to distinguish between his own body and that of his mother, both equipped with powerful instinctive urges which brought them together. In their clinging properties both octopus and jelly-fish condensed the infant's need to cling to the mother and her own desire to hold him tightly and to cling to him.

AMBIVALENCE AND EXTERNAL OBJECTS

A little more time may well be spent on the inability of the infant to distinguish itself from its mother. In the most infantile or jelly-fish fantasy there was no evidence of contrast between the infant's experience and what it experienced, or between its own body and its mother's as sources of experience. The mother's body was treated as if it was part of the child, and he seems to have been struggling to set up the objective relationship with her body by tearing it away in fantasy. In so doing he tears away part of himself. In this, the early oral stage, the libido has but a single polarity, because its sources of satisfaction lie within the circle of its own movements. Subject and object are not clearly distinguished. As soon as external objects are established, however, the possibility of two polarities arises, because the object must be manipulated in order to bring about gratification for the libido. The double polarity depends especially on late oral aggression, on alternations of frustration and satisfaction offered by the object, and later, when the super-ego is established, also upon the capacity of this super-ego to allow or refuse libidinous gratification to the ego by the objects in its environment. Thus we speak of an ambivalent attitude to the object. For example, a man with hysterical inhibitions may turn from one to another of a succession of different occupations, and be unable to form an adequate and stable interest in any of them. The present patient had obsessional inhibitions, and in them the ambivalence was shown when he struggled to set numerous objects in order or to write unblemished note-books without any success at the time in bringing these self-imposed tasks to completion. The frustrations were not in the tasks, as he thought, but in himself.

All the phases of infantile development, oral, anal and phallic, except the early oral level, are ambivalent, and the early oral stage, before external object-relations and late oral aggression are established, is said to be pre-ambivalent. It is only with the achievement of the last or genital phase of development, that the ambivalence due to the influence of the super-ego is overcome, aggression is effectively sublimated and ceases to excite the fear of retaliation, and at the same time the frustrating capacities of objects are much more readily tolerated by the ego. In this, the genital phase, which is post-ambivalent, the ego is not prevented by the super-ego from adequate gratification by the objects which are invested with libido, and this is why it is said, and will be shown to be true at the end of this book, that to be able to win the greatest possible acme of pleasure from sexual love is right, though this is the very opposite of libertinism, which is actually the product of inhibition and frustration.

Where regression occurs, the further it goes back the more tendency there is for loss of contact with external objects. In anxieties and hysterias, and in obsessional neuroses, there is little loss, but in depressions it may be very considerable, while in schizophrenia, in which there is regression to the early oral stage, the loss is very great and the patient may live as if in a world of fantasy. The progressive loss of contact with external objects and their replacement by more and more fantasy in proportion to the depth of regression is the inverse of the development which has taken place since infancy. At the earliest stages, even when some degree of contact with external objects is established, these objects are greatly distorted for the subject by projections of his own inner fantasies. The early objects and especially the people who first handle an infant seem to it to be omnipotent and to have infinite capacity to gratify or to frustrate it, because its own fantasies are projected upon them. Later ideas, desires and fears are much influenced by the continued action of these infantile fantasy projections, and it is only gradually that realities are clearly distinguished. Adequate integration of thought, feeling and behaviour under rational control is a late development, and the infant and child are usually as unreasonable in their 'good' as in their 'bad' moods, though the adults do not realize this and tend to think that being 'good' is always reasonable.

EARLY ORAL AGGRESSION

It will be clear to the reader that many fantasies mentioned in this chapter reveal aggression at the early oral level. Early oral aggression concerns sucking, swallowing and being swallowed, and is different in its unconscious implications from late oral aggression, which is expressed in fantasies of biting, dismembering and of being bitten in retaliation. Early oral aggression is expressed in what may be called Vampire fantasies.

CHAPTER V

PHALLIC DREAMS RETURN

THE first steps of the analysis felt their way into the unconscious and relieved the more accessible phallic tensions. Then there was a rapid plunge to early anal and late and early oral levels, as described in the last chapter. When the tensions expressed in the revival of the infantile relationships with the mother in the octopus and jelly-fish fantasies had been relieved by being brought into consciousness and explored, there was a return of phallic and late anal dreams, but still with some components from the earlier levels of libidinal organization, which will be noticed from time to time, as in the interesting fantasy of being fed with milk and blood which will be mentioned in the next chapter. The more accessible late anal and phallic material was worked through again, as if from below upwards instead of from above downwards, as will be seen in the present chapter. If it had not been possible to relieve the deep oral and anal tensions, then there would never have been any real hope of readjustment on the late anal, phallic and genital levels. A short analysis aimed at relief of obvious symptoms would have been ineffective in the long run for this reason. The dreams to be related in the present chapter will illustrate the changes in late anal and phallic material which resulted from relief of oral and early anal tensions, and they are instructive in comparison with the phallic dreams given previously.

THE WHITE RABBIT AND THE SILVER BATHING POOL

The patient came to one session with a long dream, which he had experienced the same morning. The circumstances of the dream were interesting. He woke and had his breakfast. Then he lay down on his bed again and began reading a paper, went to sleep and had the dream. Later in the day he wondered whether something in the paper might have excited the dream, and on looking over it again he found a picture of two medical research workers inoculating a white guinea-pig which was lying in a box. One of the students held it and the other was about to penetrate its skin with a hypodermic needle.

The dream was in three parts. In the first part he was about to make a journey abroad and realized his inadequate preparation. Then he took a taxi and found himself in France in front of a large white building, paying the driver of the taxi, who kept insisting that he must have more and more money however much the patient gave him. In the end the driver was unwillingly content with eighteen shillings, which was all the patient had in his pocket. This sum was made up by a ten shilling note and four two shilling pieces.

In the second part of the dream he was inside the white building. He was trying to stop a white rabbit from going into a room in which there was a woman. He held it by the hind legs and tried to cut its head off by shutting the door on its neck. However, it got into the room and he followed it, chasing it in the same way through door after door, always trying to stop it, to cut its head off and failing. As he passed through the first room he realized that the woman was there but did not see her, although he knew she was not his step-mother. After that room she faded out of the dream.

In the third part of the dream he was outside the white building and walking round and round an oval bathing pool. There were groups of men and women, sitting round the pool enjoying themselves, and he felt very much out of place and unsuitably clothed. He was afraid of the brightly coloured clothes of the women gathered round the pool. The surface of the water was mirror-like, as if it were made of mercury or silver, and it was very cold-looking and reflected the distant sky.

There was much more difficulty in obtaining associations to this dream than usual with him. The taxi made him think of a hearse with a coffin inside it, and the sum of eighteen shillings made him think of having to pay that amount in income tax, fearing for a moment it was eighteen pounds and feeling much relief that it was not. The idea of the taxi also made him think of taxes. The driver was unpleasant but did not suggest any particular friend or acquaintance. At the moment of relating the dream it suddenly occurred to him that the whole episode of the rabbits expressed sexual intercourse, wanting to do it and at the same time trying to restrain his sexual impulses. The rabbit was his penis but the woman in the room was not identifiable. He felt that the third part of the dream was unpleasantly public and rather embarrassing, but he envied the people enjoying themselves around the pool.

The dream was interpreted to him as a reversion to the effort after solution of problems on the phallic level, and contrasted with recent dreams. It was a sign that the more infantile problems of early anal and oral origin had been at least partly solved, and this showed definite improvement. The first part of the dream showed him starting out on life, but ill-equipped and in a vehicle which was identified with a hearse; that is to say, it expressed the fear of death as a substitute, the idea that death would be given instead of life. The taxi driver was his father, at whose hands he unconsciously feared death as a punishment for being his rival in seeking life with his mother. The dream showed fear of castration in the demand for paying all, and even more than he could give, since money was the potency he was required to relinquish, and which he kept in his pocket or scrotum. He was taxed by the taxi-father to give up everything, and even feared that it was twenty times as much, namely eighteen pounds. It made him think of a ten shilling note, long-shaped, like a penis, and four two shilling pieces, round-shaped, like breasts or testicles. He felt the reduplication had a feminine meaning, but said that two to the power three is eight, a significant number for him, because of the pun on 'ate', while the power of three itself seemed phallic. The unwillingness to give up money (or faeces) was a late anal fantasy, he thought, condensed into the same imagery as the phallic ideas.

The second part of the dream expressed his struggles with the need for sexual impotence, which arose through conflict with the father. He was now striving unconsciously to fulfil the prohibitions dictated by the super-ego, the rabbit being the penis and also the sexual impulses which were tending to jump into consciousness just as it jumped into one room after another. The woman in the first room was his mother, or any other woman he loved, who would be a mother substitute in the sense of having the sexual impulses transferred to her which originally were attached to the mother. As he chased the rabbit from one room to another and the woman faded out, he was unconsciously trying to get away from the original mother fixation, and this was an interesting sign of improvement. His own inability to identify the taxi driver or the woman expressed his fear of conflict with the father. The doors with which he tried to castrate himself were all female organs, and the final failure to restrain the rabbit was a good sign because it showed that sexual potency would be capable of winning its way against paternal prohibitions in the end however great they were. He was striving to overcome the prohibitive super-ego. The rabbit was white because he was still trying to maintain prohibitive standards of sexual purity.

The third part of the dream showed the patient wishing he could be like the men and women enjoying the bathing pool. The life they were enjoying was a life of sexual potency, pleasure and achievement. The women were brightly clothed because of their uninhibited emotional activities, while he was drab and unsuitably clothed because of his sexual frustrations. The bathing pool was the vulva, but its hard and shiny metallic surface made it cold and in his eyes quite unsuitable for bathing; that is to say, he projected his sexual prohibitions upon the female symbol which excited them, believing that his mother was cold and pure, and then seeking a frigid woman for himself, like his former girl friend, Doreen. Nevertheless, he felt envy of the people who were enjoying themselves round the pool, and this, like the episode of the rabbit, expressed a change in outlook. He was now unconsciously wishing to escape from the frustration of mother fixations and live his own life. The pool was coldly metallic and reflected the sky so that he could not see into it, partly because he projected an ideal of sexlessness upon his mother, but also because the mother fixation would never lead to fulfilment and he would have to seek elsewhere, like the rabbit.

The whole dream summarized in three episodes the origin of his sexual prohibitions in the fear of his father, their unconscious expression in his striving to be impotent, and the social manifestation in the difference between himself and what he thought other people were like, but with the important new feature, that he was now actively striving to change instead of to justify his inhibitions and to maintain them as in the past. The early phallic dreams were simply elaborate and exciting wish-fulfilments of intercourse with the mother, the alternative to which was castration, impotence or homosexual relations with the father. Now there was the new alternative of seeking a way out for himself which would neither bind him to the mother, force him to submit to the father, nor make him abandon sexual potency himself. These interpretations he accepted in part as just and appropriate, though not without admitting his resistance when invited to comment on them. It was a good sign that he admitted resistance, because this showed that his ego was battling effectively with the prohibitive super-ego projected upon the analyst.

THE CAT AND FOUR NURSES

At his next visit the patient reported a complete repetition of the three-fold dream of the taxi, rabbit and bathing pool just analysed. There were two important changes, however, for the rabbit was replaced by a cat, and in the third part of the dream he felt that he must take special care to remember that incident. It was as if the incident had not been related and analysed before, and the patient's feeling of need to remember it was the effect in consciousness of the importance of finding a way out of his conflicts which would enable him to retain sexual potency like the people round the pool. It meant that the idea of the bathing pool was important in his life and showed that his ego was striving to retain its grasp of this idea and its implications and to prevent the super-ego from forcing it back into the unconscious.

When asked to give free associations to 'cat', which seemed as though it might be interesting as it was the most marked change, being substituted for 'rabbit' in the previous dream, he thought of eyes, green and liquid, followed by the idea of plunging through a lattice-like pupil and into the inside of the eyeball. It was dark and the parts of the interior which he touched seemed to shrink away as he touched them. The passage inside the eyeball became narrower and he felt as though he had stuck in it. That was the end of the associations.

He was then asked to concentrate on the unidentified woman inside the room, and suddenly remembered an additional part of the dream which had occurred the second time of dreaming. He had to chase the cat through innumerable doors and rooms and finally out into a field. There he approached four nurses in a row like four scarecrows. As he passed each nurse he saw that she had no face, and then he realized that the figure was an empty uniform, while the nurse reclined below it on the grass in her chemise. He resolutely chased the cat past all four of them, though he realized how attractive they were. Then he came to an open place where many people were having a great celebration. Numerous objects like Chinese lanterns were floating down from the sky, and one of them which he was able to see clearly was black with yellow spots. This part of the dream was followed by the incident of the oval bathing pool described before.

Associations to 'Chinese lantern' led him to think of his landlady in England at the time when he first fell ill with the neurosis and was invalided home. She wore a black dress with yellow spots, and was, in his opinion, a highly objectionable young woman, who had married an old widower and was constantly complaining that he undervalued and slighted her, and that he was the father of another woman's illegitimate son. This landlady was like his step-mother, and he himself felt like the supposedly illegitimate son of the landlord. The cat also made him think of his step-mother, and he had the idea of tearing out her eyes and squeezing the sticky juice out of them, and this made him think of masturbating. The associative connections were similar in many ways to those of the eyeballs and jelly-fish, but the whole pattern was now being worked out on a less infantile level.

Then he remembered that his real mother had been a nurse, and he visualized a photograph of her in nurse's uniform sitting on a gate. The nurses in the dream made him think of this photograph.

In the discussion it was explained that the earlier dream had repeated itself because further interpretations of its meanings were needed. Part of it had been interpreted before, but other and more complex meanings were condensed into it, and now it appeared again with certain changes which made them more accessible. The idea of the rabbit had been an expression of his own struggles with sexual inhibitions, and the idea of the cat condensed into similar imagery his struggle to hold his mother back and prevent her from seducing him. This relationship with his mother image was worked out with his step-mother and landlady as substitutes, because of the painful nature of the idea that his mother wished to have intercourse with him, the distress being due to fear of the father. He was struggling with two conflicting fantasies of his mother, the one sexually attractive in a repulsive way, feared and liable to seduce him, corresponding to the step-mother; the other pleasantly exciting but arousing conscious avoidance, corresponding to the nurses and his idea of his real mother.

It was clear that he turned against the step-mother or landlady fantasy with active and conscious hatred, chasing it in what turned into a sort of cat-hunt which expressed his hostility to women. The impetus of this hunt gave him the speed to escape the allurements of the nurse-like mothers in their chemises, who made him think of his real mother. The dream was a good illustration of the way in which the super-ego may muster and exploit hate in order to prevent love.

The double attitude to women expressed in this dream showed that he regarded them as (*a*) traitorous creatures, like green-eyed cats, who married men in order to injure them and then complained of not being justly treated, and (*b*) seductive and alluring like nurses in their underclothes, to be avoided by using attack in self-protection. He agreed to this interpretation of his thoughts about women. Throughout the dream he felt the presence of another person, who was not seen but made him think of the analyst. It was not explained to him what this might signify, because it seemed best that he should discover for himself if possible the part which the analyst was playing in the course of events. It will be clear, however, that the third person was the analyst, and that he was playing the part of the other kind of mother, namely the one who would be neither a Harpy nor a Siren, but who would give birth to him metaphorically and launch him in a new direction. This was not so much the effect of what the analyst himself was doing, but of the transference of the 'good' or beneficent super-ego. In this projection or transference the patient's personality was exploiting the analyst in self-help.

SQUEEZING BLOOD OUT OF A SYRINGE

At the next session the patient came with a single dream, though he said he had dreamed seven others which were noted down. He had forgotten the dreams and unfortunately omitted to bring the notes. It was pointed out that the one remembered dream would be quite sufficient for analysis that day, and that it could be assumed that the other dreams would re-appear again later, if not in their original forms then in other guise.

The dream was that he was standing with a friend, whose mother was a friend of his own mother's, squeezing bloody fluid out of a syringe into a sink, from which it flowed into one after another of a succession of deeper and deeper sinks.

The associations to 'sink' led him to think of coffins sinking into the earth. His mother's body was in one of them, and mud was being squeezed into it so that eventually the lid was pushed off and she flung out her arms and came to life. The sun was shining and snowdrops were in flower.

Associations to 'syringe' led to thoughts of a man using a road drill which punctured a drain from which muck issued. He tried to block the hole with a tomato sandwich taken out of a red handkerchief. Then he appeared to be standing between rails, a tram rushed past, he ducked into a stank and the tram just missed hitting his head. It turned into a sardine tin with the tin opener as the contact arm touching the overhead wires. The opener then opened it and revealed a mess of foul oily fluid. The man with the road drill appeared to be chewing a ring which turned into numerous curves and mathematical figures, and at times seemed like a baby's comforter. Finally it became twisting shapes of macaroni and turned into a milk pudding. He pointed out that his associations made him feel the need to place emphasis on the seeds of the tomatoes in the sandwich and on the speed of the tram.

The dream had two main lines of significance. Firstly the hint of his mother's revival and return to life out of her coffin, supported by sunshine and the growing of snowdrops, which, although a fantastic wish-fulfilment, indicated a new attitude to his mother's death, namely that in his pumping activities he might bring her back to life again. This is something like the custom in certain primitive communities of defaecating on the grave of a dead man, as if, in trying out the act of anal aggression of which we are unconsciously afraid, its danger can be annulled and it can be proved harmless. A similar idea is found in the theory of Japanese peasants that human excrement is the only possible manure for the rice which is their stable diet. The regression to infantile fantasies of an anal nature in his own obsessional symptoms had been due not only to fear of having attacked her, but also to an unconscious desire to revive her by using his own body as a pumping engine to raise her up again. The dream illustrates the ambivalent attitude to excreta, which may be either gifts or weapons. Appearance of these fantasies corresponded to a distinct reduction in the tensions underlying the neurosis.

The second aspect of the dream was in the combined anal-phallic use of the syringe. The associated fantasy of puncturing a drain in the earth and being nearly run over by a tram, while anal matter issued from below and oily semen from above, was to be viewed as an infantile fantasy of parental intercourse. The tram was the father and the road the mother. The man with the road drill was himself, trying to be masculine like his father. It ended with him chewing a ring, which was a female sexual organ, and also a baby's comforter or the mother's nipple, and which turned itself into the mathematical curves already found to be female figures for this patient. Finally it became a milk pudding, an idea obviously linked with infant feeding. The fantasy was therefore not only phallic and anal, but also oral, and it showed the infant's notion of parental intercourse as an anal activity, and his efforts to act in like manner, partly phallic, partly anal and partly oral as a sucking infant. These interpretations gave him some food for thought, and although he viewed them in a sceptical way, which was accepted as reasonable by the analyst, he felt sure that they were illuminating and he did not reject them.

Further analysis of this dream and its associations leads in interesting directions. In the first place he was with a friend whose mother was a friend of his own mother. This duplication of friendships is to be taken as reflecting the function of the analyst, who, owing to the transference, was the friend of his ego, the projection of a beneficent and motherly super-ego or ego ideal, helping him to face the difficult conflicts and stresses of the unconscious. The syringe links up the hypodermic needle of the cat and rabbit dreams with the sponge from which blood was squeezed in an earlier fantasy, because blood came out of the needle, the syringe and the sponge. The syringe connects the father's penis with the mother's breast. In associations this syringe leads to a fantasy of parental intercourse in which he attempts to become identified with the father by trying to penetrate the mother's body with a road drill. It is an anal intercourse, as explained above, and he feels also that his mother's body is injured. He tries to repair the injury by taking a tomato sandwich out of a red handkerchief and blocking the hole, which is a combined anus and vagina. The three-fold sandwich suggests phallic meanings to us, while the tomato filling reminds us of the fantasy of 'tomato castle', an earlier theme which was a castration fantasy. The sliced sandwich also makes us think of castration. The red handkerchief suggests the mother's menstrual towel, the blood being produced in his fantasy by her intercourse with the father. The dream therefore condensed many meanings, and not all of them were dealt with at the time, but all had appeared and been analysed before. Now they were brought together, with the special stress which he felt that it was necessary to place upon the speed of the tram and on the seeds of the tomatoes. The speed of the tram suggested his fantasy of the dangerous nature of the father's sexuality, which he was beginning to wish to imitate, while the seeds of the tomatoes suggested the fertility of his own sexual powers, which would annul the castration meanings of the tomato sandwich, that sliced but masculine object produced out of a menstrual towel with which he felt the need to repair the injured feminine organs after parental intercourse.

ORIGIN OF THESE DREAMS

It is interesting to consider for a moment the stimulus which preceded the first of the dreams just related and discussed. It was a picture in a daily paper showing two medical research workers inoculating a white guinea-pig in a box. This was a significant picture for the patient at any time, but particularly at the moment when he saw it. He had always been afraid of medical activities, and of doctors, and he reported, as already mentioned, that a man in a neighbouring bed to his in a hospital had died, so he believed, owing to an erroneous injection. He was specially afraid of hypodermic needles.

Many men are extremely frightened of inoculation, though most of them are unconscious of the fear itself and simply resist in various rationalized ways. The writer, during a recent war, gave lectures on abnormal psychology to various groups of recruits, searchlight crews, naval ratings and other members of H.M. Forces. On one occasion he lectured to a large audience of soldiers in a depôt near Glasgow, who were about to be drafted to the Far East. He noticed that some of them were in bed, which seemed a little odd. After the lecture was over, the questioners told him that they had asked specially for a lecture on abnormal psychology because they hoped for an explanation of the fact that a number of men in the depôt had fainted when the moment came for the needle to be inserted by the doctor who was giving them inoculations. Those in bed were recovering from the effects—not of the needle but of the inoculation. It was said that fear could not be the explanation of fainting, because some of the toughest men had collapsed. The soldiers could not understand the writer's explanation that the fainting was due to fantasy of attack by the doctor, a father substitute. Since there was little hope of being understood he did not add that the fantasy was due in part to fear of castration as a punishment, and that it was an hysterical symptom expressing at the same time passive acceptance and escape, by becoming unconscious, of the homosexual approach by the father, which was consciously resisted and unconsciously desired as a means of evading castration. The liability to faint under the conditions of inoculation had nothing to do with the physical strength of the man who fainted, nor with his courage under other conditions, because it was a specific and circumscribed symptom, allied to a phobia.

The picture of inoculating a guinea-pig was appropriate to the present patient's state of mind when he saw it in the newspaper. His deeper oral and anal frustrations had been to some extent relieved by the analysis, and as a result the phallic urges were able to make themselves felt more freely than before, and were subject to intensified repression. They excited resistance in the form of fear of the father image, or prohibitive super-ego of masculine origin, coupled with passive homosexual impulses directed towards that image as if in an attempt at appeasement. His mental attitude was much like that of the men who fainted just before their injections. He was like the white guinea-pig in the box. The father image was divided into three, two medical research workers, one of whom inserted the needle while the other held him, and the needle or penis itself as the third part.

In projection tests, which are much used in psychology for the study of personality problems, the individual is presented with inchoate material, generally a vague picture of some sort, or an ink-blot, and asked to offer interpretations or invent a story about it. The dreams which followed seeing the picture of the guinea-pig were like the fantasies given by the subject in such a test, and the picture was like the inchoate material used as the basis for projection. It was appropriate to the subject's unconscious fantasies, excited the dreams in consequence, and may be described as a stimulus for them, though applied accidentally. The manifest content is the relatively coherent and objective story of his dream which the dreamer may tell his friends. In telling them he is helped to resist its latent content by laughing over it and being reassured by them that it is absurd. The latent content is the unconscious or double meaning of the dream, which emerges after free association and interpretation by the analyst. In using projection tests the important material for the study of the subject's personality is the latent content of the fantasies projected, and this is the part which testers most often ignore, explain away or hide.

In order to make the process of dream formation more clear, the following example may be taken. A boy of about seven years of age is wakened by a very frightening dream of which the manifest content is that an elephant sat on his bed. He finds that the dream was stimulated by the household cat, which jumped upon the bed and immediately jumped off again when he waked and moved. Analysis showed that the dream had the latent content of a wish-fulfilment of a homosexual assault by the father, who would crush him out of existence in the act, just as he fears the father has tried to crush his mother out of existence in the sexual intercourse which he has witnessed between them when of a much younger age. The dream work has disguised the latent content by the well-known processes of symbolic representation, displacement of affect, condensation of more than one idea into the same imagery, and secondary elaboration which changes the dream into a more tolerable form as it is remembered, if remembering occurs at all. These processes, which have been explained in an earlier chapter, generally preserve the sleep of the dreamer, or at least they preserve his mental comfort from distress being too great to bear if he wakes. The boy who dreamed of the elephant was upset by the nightmare, but much less than he would have been if its latent content had come into consciousness unmodified, in which case he would probably have had a severe nervous breakdown in an unconscious effort to control his emotion by regression.

COMMENTS ON THE RABBIT DREAM

This and the cat dream were a specially interesting pair, because they showed how the first analysis may fail to exhaust the latent meanings of a group of dreams, which may then recur and be subject to further interpretation. All the meanings are to be regarded as condensed into the symbols used, and although these varied little on the second occurrence of the dreams, the slight change of a rabbit into a cat gave the clue to a completely different set of meanings. Two changes took place, and the first was this substitution, which transformed the dream from a fantasy of castration and of striving against it, into a fantasy of the avoidance of the seductive or cat-like mother image. The second change was the recall and addition during free association of the fourth dream in the group, in which the patient's landlady and step-mother appear, also as cats. Coupled with these points there was the change of emphasis, namely that he felt that he must try to remember the third of the group of dreams.

In these dreams the white guinea-pig of the picture in the newspaper led to the white rabbit and then to the cat. The box in which the guinea-pig was placed led to the white building inside which the rabbit or cat passed through many doors and rooms, in the first of which the patient was aware of a presence which was that of his mother. It is worth adding that some of the ideas which came into the analyst's mind while the patient was relating his dreams and giving the associations were not mentioned to him at the time, because it seemed best to confine the analysis relatively closely to those interpretations which seem justified by the associations. There are two reasons for this. Firstly, to go far beyond the associations would strain the patient's credulity, and perhaps make him feel that he was being pressed to accept what was scientifically unjustifiable. This is what happens to many of the people who read accounts of psycho-analysis. Not being in a position to provide out of their own experience in an analysis the many steps and links which have led the analyst and patient to their interpretations, these readers think they are being deceived. In the same way, a man who had never seen a giraffe, on being shown a photograph of one, said that such animals could not exist, since they would be unscientific. Rationalization sometimes comes to the rescue. When the ancient traveller, Cosmas Indicopleustes, described a giraffe when he returned from his travels, he represented it as a horse with a very long neck, and thus made it acceptable. Secondly, further interpretations of which the analyst is aware, but which do not seem to be supported by associations at the time, may be expected to be beyond the tolerance of the patient's ego then, but will be accepted later. Generally a patient goes best at his own speed, and as many associations are produced as will justify the interpretations his ego is strong enough to accept at the time. More trouble is caused by trying to go too fast than too slowly.

The dream of the white rabbit was a fantasy of return to the mother's womb and of subsequent re-birth in his exit to the oval bathing pool. The white building full of rooms was the mother's body, and the doors and rooms in it were multiple images of the vulva, the labiae, the vagina and uterus. The patient plunged through these organs in a fantasy of combined return to the womb and sexual union, following the impulsive lead of the penis so well represented by the forward leaping rabbit. Its white colour showed his unconscious wishes to be as innocent as an infant unborn, and to be free from the guilt of the incest fantasy. He tried to make the feminine organs castrate him, as in the many familiar fantasies of the *vagina dentata*, met with in myths and stories, by cutting its head off in the successive doors, but the rabbit finally made its way through all these obstacles. As mentioned before, the analyst drew from this the inference that the treatment would end with success. Many people have said that it is absurd to suggest that dreams may be prophetic, but in the way described here they often show what may be expected to come, because they reveal the pattern of tendencies which prevails in the patient's unconscious, and therefore indicate the manner in which that pattern may unfold itself.

Thus the patient in his dream found his way into the inside of the mother's body, and, if we return to the newspaper illustration, which stimulated the dream, we can see that it was for him a picture of himself as a white guinea-pig or foetus inside the womb again, while his father, represented by the medical students, and the hypodermic needle, inserted his penis, threatened to produce a rival and to injure the patient. In short, it was a composite picture of fecundation and gestation. In spite of the frustrations which it implied, it was to be interpreted as a dream of re-birth in his exit to the silver bathing pool. It was a form of unintentional communication between patient and analyst, telling the latter that the treatment was taking an important and new turning for the better.

COMMENTS ON THE CAT DREAM

In the cat dream there was an unconscious equation established between penis and mother, which may be expressed thus: needle=rabbit=penis=cat=mother. Transformations of this kind are characteristic of the 'illogical' processes of the unconscious, which has been contrasted elaborately by many writers with the 'logic' of consciousness and generally with verbal thought. To those who are accustomed to think in the manner of unconscious imagery it does not seem any more illogical than the so-called lack of logic in primitive thinking. There is very little evidence that primitive thinking is really illogical. It is not so much the logic with which we are concerned as with the data to which it is applied. An East African tribe were perfectly logical when they pointed out that when the Rain God was appeased by their sacrifices he would make smoke arise from the top of the mountain on which he lived. If we know that the explanation of this was that there was a passage through the mountain up which an East wind would blow the smoke of their fires, and that an East wind would also bring rain from the Indian Ocean, we are not any more logical, but we have different data with which to work. To those who know that the mother has no penis it seems illogical to equate her supposed masculine organ with that of the father, and thus to produce the circle of ideas in this patient's dream, which linked the medical worker's needle with the cat-like mother. To the child, who has different data to work with, this is not illogical. We may well say that the process is really one of projection of fantasy, but if this makes us think that the child is incapable of logic we are doing him an injustice to a certain extent. This would be as inadequate as to say that the adult was incapable of being influenced by fantasy—though many people do say just that. The truth is that there is an elaborate interpenetration of logic and fantasy for both, and no adult activity, however narrowly scientific, is ever taken up without its threads of determination which run back into fantasy and the unconscious. This is true of science, but its truth is more frequently realized in the world of artistic creation, because the fantasy content of works of art is often obvious or readily displayed by analysis.

In the dream we are considering the infant, moved by intense libidinal urges, projected those very urges upon the person of the mother, as if she also had the need he feels so strongly. This is often repeated in adult sexual relations, as when a person who is deeply in love cannot see that the object of his passion does not feel the same impulses which he experiences. There is, however, an interesting difference. For the adult under ordinary conditions there is not the confusion of sex in the physical sense between himself and his partner, though the dream fantasy expressed for this patient a form of submission to a mother who seemed masculine. Like the African natives, the infant was not illogical, but was merely working with different data. It is not surprising, however, that many people, clinging to the adult logic of a verbal kind, which protects them from the feared contacts with their own unconscious, find the transformations of thought which are represented by dreams of infantile origin very difficult to follow, and reject them as doing an injustice to conscious control.

However, in his associations to the dream we are discussing, the homosexual implications of his projection upon the mother of the masculine sexual urges which he himself felt, were not pursued. The fantasy of the masculine mother was subject to repression, and he imagined himself plunging through the green feminine eyes of the cat, clearly bringing out thereby the association of eye and vulva, which has often been noted by analytic workers. The sexual frustrations persisted, and each internal part shrank away, the passage then narrowed, he stuck in it and the associations ended. Evidently he was more able to express and grasp the fantasy of the mother's resistance, another projection, this time of the prohibitions of the super-ego, which insisted that he should seek in the dream as he did in real life in his former girl friend, a woman who would fail to gratify him, who would shrink away instead and safeguard his frail ego from the stresses, then intolerable, of the guilt associated with incest.

The added portion of the dream about four nurses is most interesting, but this part has been dealt with more fully than the other portions already. The function of the analyst, upon whom the 'good' super-ego was projected, was that of helping him to reduce the pressure by which the frustrating super-ego kept up the conflicting fantasies of the double mother figures, both intolerable, but for different reasons, and of enabling the patient also to overcome the infantile fear of the father.

COMMENTS ON THE TAXI AND BATHING POOL DREAMS

These were the first and last items in the two composite dreams being discussed. The journey abroad, made with inadequate preparation, was the patient's own start in life, with all the frustrations, handicaps and emotional inadequacies dealt with throughout this analysis, and holding him back. The white building, as mentioned, was his mother, for access to whom the father demanded more and more tribute in the form of a taxi cab fare, ultimately taking all the patient possessed, namely eighteen shillings, a sum in which the familiar pun on 'ate' reappears, in addition to the meanings dealt with in the interpretations already given. The father will make him relinquish even the oral dependence on the mother in his jealousy, and 'eighteen' was probably to be thought of as a pun on 'eaten', by transposition of syllables and by clang association. It would express the idea of abandoning the oral dependence on the mother under fear of being devoured by the father. The demand for payment in money was of late anal origin, and expressed fear of having to abandon anal dependence on the mother. It might date from an age in the patient's life, eighteen months, at which this significant conflict occurred. In this fantasy he expresses fears that his father will make him give up his whole life, namely eighteen pounds, or eighteen shillings for each of the years of his age up to the present, as a penalty for dependence on his mother, and that the white building will be his coffin.

Then there was the link with the mother's death and with her coffin, her death being in this fantasy the result of the expression again of his oral demands as an infant, as explained already. The fear of being eaten by the father, as a penalty for the urgent need to eat the mother, is a result of introjection into the punitive super-ego of impulses previously projected and transferred to the father in infancy, in order to rid his own personality from the danger of harbouring them.

The bathing pool calls for less comment. It was a frigidly metallic and at the same time alluring sexual picture. The emphasis on its attractiveness was good, and showed that he was becoming more able to tolerate the possibility of sexual pleasure. The excess of brilliance was an over-compensation for his contempt of sexual indulgence, itself a reaction against desire, its frigidity being the product of resistance. It expressed the wish that sexuality should be emotionless so that he should escape the guilt which would follow gratification. Its metallic quality was probably a late anal component, linking up with the anal meaning of money in the eighteen shillings.

The bathing pool, the mother's vulva, now reflected the distant sky, and this implied that for the patient contact with her in fantasy was becoming more and more remote. The coldness therefore had another meaning, namely that under the influence of the analysis the patient would withdraw the intense libidinal cathexis or investment from her, and would begin to free himself from its bonds.

COMMENTS ON THE ROAD DRILL

This made the analyst wonder whether the patient might suffer one day from a duodenal ulcer, with or without perforation. It will be seen that there was an interesting development in this direction after the end of the analysis. It will be discussed in Chapter IX. The problem remains why one patient who has fantasies of being attacked and perforated by his own milk teeth, which have penetrated the mother's nipple and are now directed against him in the form of the father's penis, should develop a physical or rather psycho-somatic illness in the form of a real ulcer, while another should content himself with a display of fantasies and no ulcer. It is probable that the present patient would have developed a real ulcer and a perforation if he had not been analysed. As it was, however, he suffered freely from fantasies of duodenal ulceration, many abdominal pains, and nothing more. It is important that he was able to give expression to the fantasies of penetration by the road drill at this stage, and in this way discharged their emotional tension in part at least. Real ulceration probably depends on there being a sufficient number of threads of determination concentrated upon this symptom, and on their intensity being great enough. Some of them were broken at this stage and some later, and this saved him from real ulceration, which might have occurred if he had not been analysed.

CHAPTER VI

THE STEP-MOTHER AND MRS. WIDOWOOD

THE analysis of phallic and other fantasies, as described in the last chapter, led the way for a revival of sexual interests in more overt form, but in two contrasted ways. These were complementary in nature, and their goals were two different but related mother images. The first of these images was projected upon the patient's step-mother, who has already been mentioned. The second was projected upon a widowed neighbour, with whom he became very friendly. The step-mother received a strong negative transference, because she corresponded to a feared and hated image. The other woman received a strong positive transference, because she corresponded to a loved mother image, and the interest in her brought about a transition to better relationships with women in general, which will be described in later chapters. In this book she has been given the fictitious name of Mrs. Widowood.

The analyst, in dealing with the patient's attitudes to these people, who are real figures in his life, must think of them nevertheless as if they were fantasies. They are in fact objects upon which fantasy-images are projected, and in his ideas, feelings and behaviour towards them he is dramatizing and manipulating these fantasies. If we were to discuss the relationships with these individuals as if they were real problems, and considered what he ought or ought not to do about them, and especially if we passed judgment or gave directed advice, we should risk falling into the trap of dodging the purpose and aim of the analysis, which is to free him from the liability to make such entanglements for himself.

There is therefore the added difficulty in such cases, in conducting the analysis, of facing the implications of the counter-projection by the person who is the real object upon whom the patient's fantasies are imposed. In this counter-projection that person is in turn fulfilling, by means of the patient, fantasies of his own—or of her own in this case, as both were women. The analyst must be able to realize the nature of the counter-projection and judge its intensity, from what the patient says, and will be able to comment on it accordingly to give illumination when necessary. His comments must be directed towards giving the patient insight, so that he can solve for himself the problems involved, and, of course, as in the analysis of dreams, no direct decisions will be offered to a person who, with the help of the analyst's insight, may be expected to discover perfectly well how to act for himself. It is unlikely that the analyst will meet the persons upon whom the patient projects his fantasies, but, even if he does it may not be much help, because he will not be able to see them with the patient's eyes, just as it is often extremely difficult for one person to understand how another can fall in love with a given individual, unless their projected images happen to coincide.

The developments to be discussed in this chapter were preceded by a very interesting dream which led up to them, and it will be described and analysed in the next section. These developments were also accompanied by a decided improvement in his neurosis. This, as will be seen, took the form of an increase in capacity to face the real problems of daily life, and to relinquish the obsessions, compulsions and inhibitions which had interfered with his work at the worst stages of his illness. The real problems were about the completion of his University courses, and about how to behave towards his father and step-mother in the domestic environment, for, although she was the object of important projections, he sought to solve the problems in a more realistic way than ever before. It was the same with Mrs. Widowood, who was the object of a strong positive transference, and with other women who came into his life, and he began to use a more flexible ego-control in place of the rigid and compulsive morality of the past.

THE COW AND CHUTE DREAM

An important dream brought forward at a certain session at this time was one in which the patient was helping his father to herd cows. His father said he was to go and get the next cow to be branded, and he went to the stalls to fetch it. Instead of putting a cow into the chute down which it had to slide to reach the place where his father stood, however, he fell into the chute himself and slipped down. In a moment he was confronting his father, who was holding out the red-hot branding iron to apply to his forehead. It was a very frightening dream and he waked at this point.

It would be a mistake to suppose that the aim of dream analysis was simply the discovery of the meanings of the various symbols which appear in the dreams. This would be parallel to the error of supposing that the aim of reading a novel was to find out the meanings of the words, which could be looked up in a dictionary just as the meanings of the symbols could be discovered, to a great extent, by asking the analyst. In a novel the same words reappear thousands of times, and so do many typical sentences, if not in precisely the same, then in similar grammatical forms. The aim of reading, however, is to understand the book, and the reappearance of words and sentence-forms ceases to interest us except as secondary to the true aim of reading. In the same way, we may say that in the cow and chute dream the patient has used symbols which might have appeared a thousand times before, and that in the form of the dream he is using a kind of unconscious sentence structure which is frequently met with, but the important things about this or any other dream are really the meanings by which it leads a step further towards the solution of the patient's problems.

Associations to 'cow' led immediately to his step-mother, and to women in general, who all seemed to be equally cow-like and repulsive. Associations to 'chute' led to the idea of intercourse and of the likeness between the chute and the vagina, not to mention the pun on chute and shoot. He seemed to be having intercourse in the chute, or, in other words, to be shooting semen into the vagina. Associations to 'branding iron' led to pincers, to penis, to his father's penis, and also to the idea of punishment by fiery torments. There was the pun on chute again, and one on cow, in the sense that he felt his father would cow him into submission and shoot him with semen.

After these associations he was able to interpret the dream as a fantasy in which the idea of parental intercourse was transformed into his own incestuous relationship with the mother, and into the idea of his having passive homosexual relations with his father. This was a wish fulfilment, but it appeared in the dream as if it was branding, a form of punishment, which was a change that made it acceptable in consciousness. By condensation the dream showed him having intercourse with his mother in the chute, another wish fulfilment, while the cow which was not found was his step-mother, and her disappearance was a further wish fulfilment.

Thus his mother was now clearly divided into two aspects to satisfy conscious scrutiny: firstly the sexually desirable and sheltering mother, the chute or vagina, into which he slipped; secondly the repulsive cow which could not be found. This cow was the mother with whom the father wished to have intercourse, and she made him think of the step-mother who displaced his real mother to satisfy his repulsion because she betrayed his love by taking his father instead. Further, by entering the chute he became identified with this repulsive aspect of his mother, and in that form he had intercourse with his father. This identification with his mother therefore satisfied at the same time three levels of wish fulfilment—return to the womb, heterosexual intercourse with the mother and homosexual intercourse with the father; and it was changed into the form of branding, a punishment to satisfy the feelings of guilt it excited. The dream revealed dependence on the mother, sexual attraction to her and desire to submit like her to the father, coupled with the need for punishment by the father and dislike of women resulting from the guilt excited by his conflict with the father.

All these connected meanings were now brought into consciousness with a new vividness, which illuminated his hostile and deprecatory attitude to women, his dislike of his step-mother and his negative but passive attitude to his father. At this session he reported that he was feeling fit for work again, was playing golf often with his men friends, and that he had been to the University and arranged to complete his Honours Degree during the next Session. The cow and chute dream had a new meaning pattern in displaying clearly his attitude to women, and it was coupled with marked improvements in his health.

THE STEP-MOTHER

At his next visit the patient expressed his need to discuss a special concrete problem. He explained that his relations with his step-mother were now becoming steadily worse. She nagged him at every opportunity; often he knew he was in the wrong, but not to the extent which would justify her anger. At other times he was sure that he was not in the wrong at all. He felt a strong desire to leave home, and found himself doing unconsciously motivated acts, such as locking himself out or losing his key, aimed at shutting himself off from her, as he clearly recognized. On at least one occasion when out at night in a friend's house he almost forgot to go home until morning.

It was necessary to collect the facts about the step-mother on the conscious level and then to formulate interpretations of their latent or unconscious meanings. She had been intending to marry a certain man, but he had given another woman a child and was then killed in a railway accident. After this she had a breakdown in health and on recovery married his father. She was very nagging and prohibitive to her husband, and there was little or no doubt that she had married in order to make him suffer, though unintentionally, for the 'wrong' her other lover had done her, which would ultimately be traced back to the fantasy of rejection by her own father. On the other side, it appeared that father and son had felt they never fully appreciated the first wife and real mother until she was dead, and this attitude was an over-compensation for fantasied guilt about her death. His father had married a nagging woman owing to the unconscious need to be made to suffer a due penalty. The step-mother was fulfilling this need, and winning sadistic pleasure from her cruelty to both father and son.

In consequence of these interpretations it became clear to the patient that he must take a firmer line with his step-mother, though this was not the result of any specific advice given by the analyst. It was his own decision, resulting from improved insight. Without losing his temper with her, he felt he must resist being put in the wrong, which he had allowed hitherto, largely because he unconsciously sought punishment, like his father. This led to a complete change in his relations with her. He continued to dislike her, but found her much less difficult and less hostile, and he was less upset by the criticisms which she did make. She became much less emotionally significant for him, and at the same time there was an important development which will be discussed in the next section.

Several sessions were occupied mainly with discussions of the step-mother problem, and these discussions were continued from time to time during the remainder of the analysis, whenever the problem presented itself. The patient used the analyst as a touchstone for testing the adequacy of his insight and interpretations. It is most unlikely that direct moral exhortation or guidance would have had anything more than a slight and impermanent beneficial effect, and it might have excited resistance and opposition.

As in so many cases in daily life, and as expressed so vividly in fairy tales and other literature, the step-mother was the 'bad' mother. This means that the fears and hatreds felt by the patient as a child on many occasions inevitably for his real mother were projected upon the step-mother. These fears and hatreds had been dissociated and repressed because they were intolerable in consciousness side by side with his tender emotions and dependence. The step-mother was not, of course, 'bad' herself, but she was the recipient of these projections because of three circumstances. The first was that she was a detached or unrelated person, hate for whom did not endanger the love relationship with the true mother image. The second was that she came into his life as a stranger, taking the place of his real mother, an intruder towards whom he had no ties of filial affection, no positive transference to counterbalance the fear and hatred which he tended to project upon her. The third circumstance was that she herself took no precautions to attract that protecting positive transference, but, on the contrary, appropriated the father and approached the family with negative attitudes and even unconscious hatred which she herself tended to discharge upon them though, of course, she did not realize this, but constantly complained of its effects.

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The difficulties created by the step-mother therefore could not be fully solved by the analysis of the patient. Her side of the problem remained untouched, and the only difference for her was that the patient became less easily victimized by her jealousy and unconscious hatred of him for being somebody else's son by her husband. She was a welfare officer in a factory, and in all probability the girls employed there who came under her care were the unfortunate recipients of the hostile emotions thus displaced from the patient himself.

In case anyone should jump to the conclusion that this analysis was in any sense a moral criticism of the step-mother, it is wise to say at once that the attitude to her was entirely sympathetic. She was a most unhappy person, who deserved help if she had been able to accept it. Her own life's difficulties might have been analysed and probably dispelled for her by the same methods as those used upon the patient, if she had been willing. She could not be blamed even for her inability to accept help.

MRS. WIDOWOOD

At about the same time the patient found himself becoming interested in the widow of a former neighbour. Her husband had died suddenly after only a few years of a happy marriage, and left her with a daughter, now about eight years of age. The patient was worried about his relations with Mrs. Widowood, which is the fictitious name she will be given here, and sought the analyst's help. He described her as a very attractive woman of about 33 years of age, and explained that he had come to know her through neighbourly relations between the families, through bridge parties, and now he often offered to cut the grass in her garden, since she had no husband to do it for her. As a result she had asked him into her house, and gave him tea and biscuits, and they often sat talking until the small hours of the morning. He began to feel that she was very attractive in a sexual way, and he was sure that she was leading him on and wanted to persuade him to make love to her, though probably she resisted this desire at the same time. He felt a great need to avoid making love to her, and appealed to the analyst for advice in the matter.

This problem came up for discussion a number of times, each time because the patient and Mrs. Widowood had come a little nearer to having sexual intercourse, and in consequence the patient had felt an intensified resistance, coupled with increasing attraction to her and anxiety produced by the conflict of ego and super-ego. He described her kindness and warmth of feeling for him, in which there was a touch of motherliness, and he pointed out his clear awareness of her need for a man. He explained that he had known her husband and felt that it was unjust to make love to his friend's widow. Also he noted the obvious improbability of a happy marriage between himself, at least in his present state of dependence, both financially and emotionally, and a widow at least 13 years older than himself. All his powerful objections to women in general were excited, and in particular his resistance against intercourse outside marriage, which was very strong. He was shocked to find that circumstances should have brought him so near to doing what he so strongly resisted, and that a person for whom he had so much affection and respect should be the temptress. It was not surprising that he was anxious.

While feeling very guilty and in need of support in this critical situation, he also felt some reassurance as a result of Mrs. Widowood's obvious motherly fondness for him, which offset his feelings of loss and privation owing to the death of his own mother. In addition, there was some pleasure and reassurance at being able to excite sexual feeling in a mature woman, and to feel that she did not despise him for being attracted to her. This was a new and important experience for him.

These points were all brought out easily in the discussions, and their recognition led to a reduction of the anxiety, when they were objectively and impartially reviewed, without criticism or moral censure. After this it was necessary to analyse the relationship of Mrs. Widowood and the patient more fully. She was a mother; she made him think of his own mother and it was apparent to him that the resistance against intercourse with her was like the resistance against incestuous intercourse with his mother. Her husband, now deceased, had been a father. The patient could not deny to himself the feeling of some satisfaction at his death, which had apparently released Mrs. Widowood for his own affections. This satisfaction excited as much guilt as the wish for sexual relations with her. There was a tendency for the sexual interest in Mrs. Widowood to be displaced upon her daughter, an attractive child, but too young to make any response, and so this did not develop any further. It was obviously a frustrated displacement, that is to say, a displacement motivated by the frustrating super-ego because of the impossibility of its fulfilment.

The patient discovered that his relationship with Mrs. Widowood was a reproduction of his incestuous interest in his mother, and that the guilt about it was the same guilt, caused by the Oedipus situation and displaced upon a substitute, whose husband had been a friend and also in fact an actual father. His attraction to her was also an expression of his seeking to return to the deeper shelter and protection of the lost mother at the oral and anal levels, more particularly at the earliest level of oral dependency, and this unconscious seeking also conflicted with genital attraction and inhibited it. He sought the help of the analyst in strengthening his resistance, but, in accordance with what has been said before, this was avoided, because it would have meant taking sides with the prohibitive super-ego.

It is interesting to pause to consider what the analyst thought privately about this problem. He considered in his own mind what might happen, and pointed out to the patient that sexual intercourse was not harmful or dangerous, and that Mrs. Widowood need not run the risk of having a baby by him if adequate precautions were taken. Many people will say that he ought to have pointed out that no contraceptives are absolutely safe. It is impossible to conduct analysis or any kind of treatment, however, without taking certain risks. Any patient may die while under an anaesthetic. This does not deter surgeons from operating, under normal conditions. The remote possibilities of the patient having intercouse with Mrs. Widowood and of her having a baby even if adequate precautions were taken, were risks which could not be avoided. The alternative was the far greater danger of taking sides with the prohibitive super-ego, which would almost certainly bring the analysis to ruin. No harm would be done to either party if they did have sexual relations, except that her anxiety and the patient's might be intensified. Mrs. Widowood's possible anxiety was not the analyst's problem in the first place, and in any case he could not help her by a prohibition which meant siding with the patient's super-ego. Intensified anxiety and perhaps a regression in the treatment might occur for the patient, but this could be dispelled and used to his ultimate advantage by further analysis. If they did not have intercourse no new problems would be aroused. The whole episode would in any event prove to be a passing phase of the patient's development, and he would gradually give up Mrs. Widowood and make a more suitable mateship. In the end this is what happened: they did not have intercourse, the patient found a better girl friend and Mrs. Widowood married a more suitable man later.

When it was pointed out that sexual intercourse was not dangerous, the patient retorted angrily that he should not even think of having intercourse with her, though it was obviously a thing he had often considered. After that he decided to avoid meeting her, except under ordinary social circumstances. Thus he was now strong enough to take a decisive line of action for himself, well adapted to the real situation, and he was able to exploit the love relationship with Mrs. Widowood as an aspect of the analysis. Decided improvement resulted, and he felt a new confidence in himself.

AGGRESSION, SEXUALITY AND TENDERNESS

Summing up the advantages from the therapeutic point of view of these two relationships, the one with the step-mother and the other with Mrs. Widowood, it may be said that the patient was enabled to separate and analyse the negative and positive attitudes to women. The negative transference to the step-mother enabled him to express the aggressive aspects of his mother fixation, while the positive transference to Mrs. Widowood enabled him to realize that sexual feeling and tenderness for a woman could be combined. In a woman's attitudes, of course, the parallel parts would have to be played by father figures. It must be remembered, however, that the mother fixations are the attachment of libido and aggression to a fantasy figure, based, albeit, upon a real mother, but not necessarily corresponding to her in fact. The expression of these fantasy fixations in projection upon psychologically lay figures, the step-mother and Mrs. Widowood, and their expression to another person, the analyst, who appreciates their significance and status for the patient, releases him from their bondage to some extent. The release is effective just in so far as the relationships can be analysed and understood by the patient. The realization that tenderness and sexual feeling for a woman could be combined was especially important. On account of the frustrations and prohibitions due to the Oedipus complex, many people, both men and women, have unconsciously defended themselves against guilt and anxiety by dissociating these feelings. Various familiar patterns of behaviour result from the dissociation. A frequent pattern is the tendency to fall in love with a fantasy figure who is sexually inaccessible or unresponsive, and who unintentionally perpetuates the frustrations as an instrument of the lover's super-ego. In many cultures it has been regarded as normal to dissociate romantic and sexual love. Another frequent pattern, met with in very marked forms recently by the writer in the course of work on marriage guidance, is the tendency to become passionately attached to a person who responds equally passionately, but for the relationship to be almost destroyed by apparently inexplicable and intensely painful quarrels. In some cases the quarrels precede love-making and discharge guilt beforehand; in others they follow it so that the parties are afraid to be intimate. Other well-known patterns are those in which sexual feeling is lost altogether, though the 'duties' of marriage can be carried out, or those in which sexual interest falls upon prostitutes or persons felt to be unworthy of tenderness. There are many variants on this general theme. Mrs. Widowood undoubtedly did the patient a signal service in showing him what would be possible in a wife, and he continued the analysis with greater zest in consequence, though it cannot be said that he recognized clearly at the time all that has just been put into words for the purpose of this explanation.

A TEMPORARY REGRESSION

Shortly after this the patient received a railway voucher from the Admiralty to go to his former lodgings in England, where he had stayed when on H.M. Service, in order to collect his belongings. He took a holiday of ten days there, and while on this visit he found himself overwhelmed by a return of the old symptoms. His landlady did not fail to regale him with lengthy talks about all sorts of illnesses, which greatly disturbed him. He woke up often with bad dreams which he could not recall, and he noticed with great anxiety and distress the constant creaking of floor boards and other noises, thumps and movements, especially at night. Large unpleasant moths came into the windows, and he became obsessional again.

It will be remembered from what was said in a previous chapter that the landlady was identified in his fantasies with the step-mother, and was therefore another form of the 'bad' mother, while the return to the scene of his breakdown reminded him of all the painful experiences which he underwent at that time. The creaking noises and thumps which upset him were projections of his own guilt taking the form of fears of retaliation. They were also repetitions of the activities of parental intercourse, and excited his fears of losing his mother's love all over again. The moths which came into the windows were visitations by the accusing super-ego. All these points, however, were not explained to the patient, who was too much disturbed to be able to face interpretations in such a downright form. He was reassured that he would soon recover his stability when he began to deal with his dreams again, and that was done immediately.

THE GIRLS AND THE STRAWBERRY SNAKE

He returned with three dreams, and the symptoms gradually subsided after he came back and continued the analysis. The longest of these dreams was of seeing the chimney flue system of a big house, with numerous small fireplaces opening into it at different floor levels. He was on the first floor, and there were two Jewish girls with him, playing Ludo. Presently he stood up and noticed a bed with a padded quilt under which something was moving. Then he saw an old woman standing in the room. She was looking at him. He told her he was resolved to investigate the mystery of the moving object, threw back the quilt and found a kipper. He put his hand on it and pulled out a snake made of tomato-red strawberries, with green eyes. He was squatting on his haunches, and the snake attempted to enter his anus, which caused him intense anxiety, and he had violent intestinal pains and threw it aside, trying to cut it into pieces with a scythe blade. He cut it in halves and the head end continued to wriggle about violently on the floor.

Associations revealed that the Jewish girls were two girls he had seen leaving the house of the unknown friend of a neighbour one evening. He disliked Jews. It was pointed out that the social distance suggested by this dislike, together with their being visitors of an unknown friend of a neighbour's, and their being seen in the act of leaving the house, implied that the latent content of the dream was strongly resisted. This latent content would be a desire concerning which he felt extreme guilt. He then remembered that the girls in the dream had been roasting chestnuts and not playing Ludo, which was a secondary elaboration. The chestnuts were roasted until they burst. Then he recalled that the word 'chestnut' meant 'breast nut' and stood for 'nipple'. The girls were roasting their nipples. It was a lewd game (of Ludo).

He was asked to dwell on the idea of 'kipper', and to say what it brought to mind. It suggested a bag or pouch, a sporran, which, by clang association led to sperm, and by association of position led to the male sexual organs and especially to the scrotum. It was a scrotum out of which he produced a penis erecting itself like a snake made of strawberries. Then he explained that he was suffering intense abdominal pains, and thought that the scrotum and penis might be his own. An interpretation was then offered, that these pains and other pains with which he associated fears of something wrong, or illness in various parts of his body, were punishments imposed by the super-ego for the possession of a penis and masculine potency. The super-ego was perhaps personified by the old woman in the dream, to whom he had to show that he was investigating the wriggling penis in the bed for the purpose of quelling it and cutting it up, namely of castration.

Then he said that the attempt of the head of the snake to enter his anus made him think of homosexual activities. He agreed that many homosexuals do not copulate *per anum*, but thought the form he most feared would be this. It was intercourse with a masculine woman whose penis would be inserted into his own anus, but it was also narcissistic, and combined in addition the idea of intercourse *per anum* with his own penis. He was asked what this fantasy implied, and said that he admired homosexuals intellectually, but felt that their sexual activities were intensely repulsive. Thus it became clear that he had a highly ambivalent attitude to homosexuality, especially of this type, desiring it and fearing it at the same time.

Now he was asked to give associations to 'strawberries', and suddenly recalled an incident, one of the most delightful of his life, when he was about two years old, he believed. He was lying in his perambulator being fed with red strawberries and white cream by his mother. Immediately that idea changed itself into the fantasy of being breast-fed with a mixture of milk and menstrual blood. This was a very distressing thought. The patient was then reminded of the strawberry-penis, and realized that it was his mother's penis, or nipple, red with her blood as a result of being bitten in sucking or wounded in copulation, and that the homosexual intercourse which he most feared but also most wanted was with her. He realized that in some way he linked this idea with that of intercourse *per anum* with his own penis, thus tending to substitute narcissistic for passive homosexual intercourse or to combine them in fantasy.

His attention was then directed towards the girls who had been roasting their nipples at the fire of which the flue led into the great chimney. Associations showed that the fire was the anus and the chimney was the alimentary canal ending in the flue or rectum at the fireplace. The girls were mother figures having intercourse with him *per anum* with their nipples or penises, which were 'roasted' in this way, getting hotter and hotter in the copulation until they burst in the orgasm. The secondary elaboration into the game of Ludo was a more disguised form of the same theme, substituted in the course of remembering the dream, with a clang association, lewd—Ludo.

The whole dream-fantasy was in two parts. In the first part homosexual intercourse with the mother *per anum* by means of her nipples seemed to be enjoyed by her; in the second part the same theme appeared as if viewed by the super-ego, and excited intense guilt in consequence. Nevertheless the penis escaped the super-ego by continuing to wriggle about even after being punished or castrated by being cut in half. This was a hopeful aspect of the dream.

RESISTANCE DREAMS

The second dream which he brought back with him from England was that he visited the analyst and was given a pair of the analyst's trousers and a jacket of his which were too short in the legs and sleeves and made him look ridiculous. This he interpreted for himself as a condensation of two ideas: (*a*) that he was ridiculous to attempt to analyse his own dreams, and (*b*) that the analyst was absurd. It was an expression of hostility towards the analyst and of resistance against the treatment.

The third dream was that he was watching a spider catch a fly in its web; the analyst then died. This he interpreted for himself as another expression of resistance and of negative transference or anticathexis. It showed the analyst as the spider, the treatment as the web and the patient as the fly. Catching the fly was followed by the wish-fulfilment of the analyst's death—a method of escape from the destruction of his own infantile fantasies embodied in the fly. He was told that the freedom of these expressions of resistance was a good sign, and showed the progress made in the treatment because he was able to interpret them easily. The resistance was interpreted as unwillingness of the super-ego to allow the ego to be released from its infantile fixations, coupled with a transference of aggression from the father-image to the analyst. This was one of the first groups of dreams the interpretations of which required analysis of the transference—in this case the negative transference—as a form of resistance. Other examples will be given in the next chapter, and in Chapter VIII further examples including analysis of the positive transference.

THE GRANDMOTHER'S DEATH

It was interesting that at this stage in the treatment the patient's paternal grandmother died suddenly, though not altogether unexpectedly because she was over 90 years of age. His father took careful steps to avoid telling him of her death until he had returned from his holiday in England and the funeral was over. This was intended to save him from a repetition of the distress which he suffered after his mother's death, but, although he was much attached to this grandmother, he was not at all unduly disturbed by her death. This was another sign of the good effect of the treatment.

ANALYSIS OF A DOODLE

He brought back from England the 'doodle' shown in Figure I, which he had made without any special conscious intention. He named various objects in it for the analyst. Starting from the bottom it shows a penis or breast with stairways leading up its sides; then there are two prisons or dungeons with barred windows, above which are a coffin and two churches. These lead by stairways up to a large tombstone which encloses a life-belt, vagina or anus, and this in turn encloses two penises with testicles, made into the form of a symmetrical mathematical figure. On either side of this tombstone there are two circles connected in an elongated figure of eight, each circle being a woman's breast and one containing the Greek letters PI and DELTA or LAMBDA, while in the other there are signs which cannot be deciphered. At the top there are two crowns, each enclosing a penis which has its top cut off by an object like a three-barred gate, namely a masculine prohibition.

No artistic merit was claimed for this doodle, of course, but it clearly expressed the fantasies dominant in the patient's life at the time. The fact that he could unintentionally synthesize them into a symmetrically constructed figure of balanced design, showed again the progress which had been made.

Although the penises at the top are being cut off, which is equivalent to castration, those in the centre have found their way into the vagina, which is also an anus, however, but there are only two penises, which suggests that they are partly feminine, homosexual, like the roasting chestnuts. Churches surround the coffin, which stands above the mother's dungeons, or rectum and vulva, and of which the windows are barred. It all rests upon the breast or penis beneath, as we should expect in this patient's fantasy life, since his main conflicts were due to fear of injuring or eliminating his mother in sucking.

The figure of eight is important for him, because it is the mother's two breasts and her whole body at the same time, as shown by many fantasies and associations given previously. The Greek letters PI and DELTA or LAMBDA, which are used in the doodle like teeth to penetrate the right breast, are symbols of mathematical interest, and PI might associate with 'pie' and with the milk pudding which came into previous oral fantasies. The pun on 'eight' and 'ate' probably enters here again. The Greek letters are like teeth and might be linked unconsciously with the integral sign which was used in fantasies of phallic significance frequently. It is interesting that the symbols in the left circle of the figure of eight are not clear. He himself feared an injury to the left breast. The obscurity of the symbols might be the expression of resistance owing to a greater sense of danger to this side of the body. All these Greek letters and obscure symbols inserted into the breasts are to be thought of as his own milk teeth, or, at the phallic level, as multiple images of his penis. They are like the darts which were stuck in the darts-board in an earlier fantasy. In the doodle the penises are shown in pairs, and therefore have a feminine quality which is complementary to the masculine character of the female breasts, which are three in number. We may say, then, that the doodle not only contains all the patient's main fantasies, but that the manner of their organization accurately expresses his particular state of mind at the time of making it. The doodle is not less coherent than many modern works of art.

Such a doodle might give rise to some interesting thoughts about the nature of a true work of art. It was done at a time of great mental disturbance, and, in its disorder and crudity it

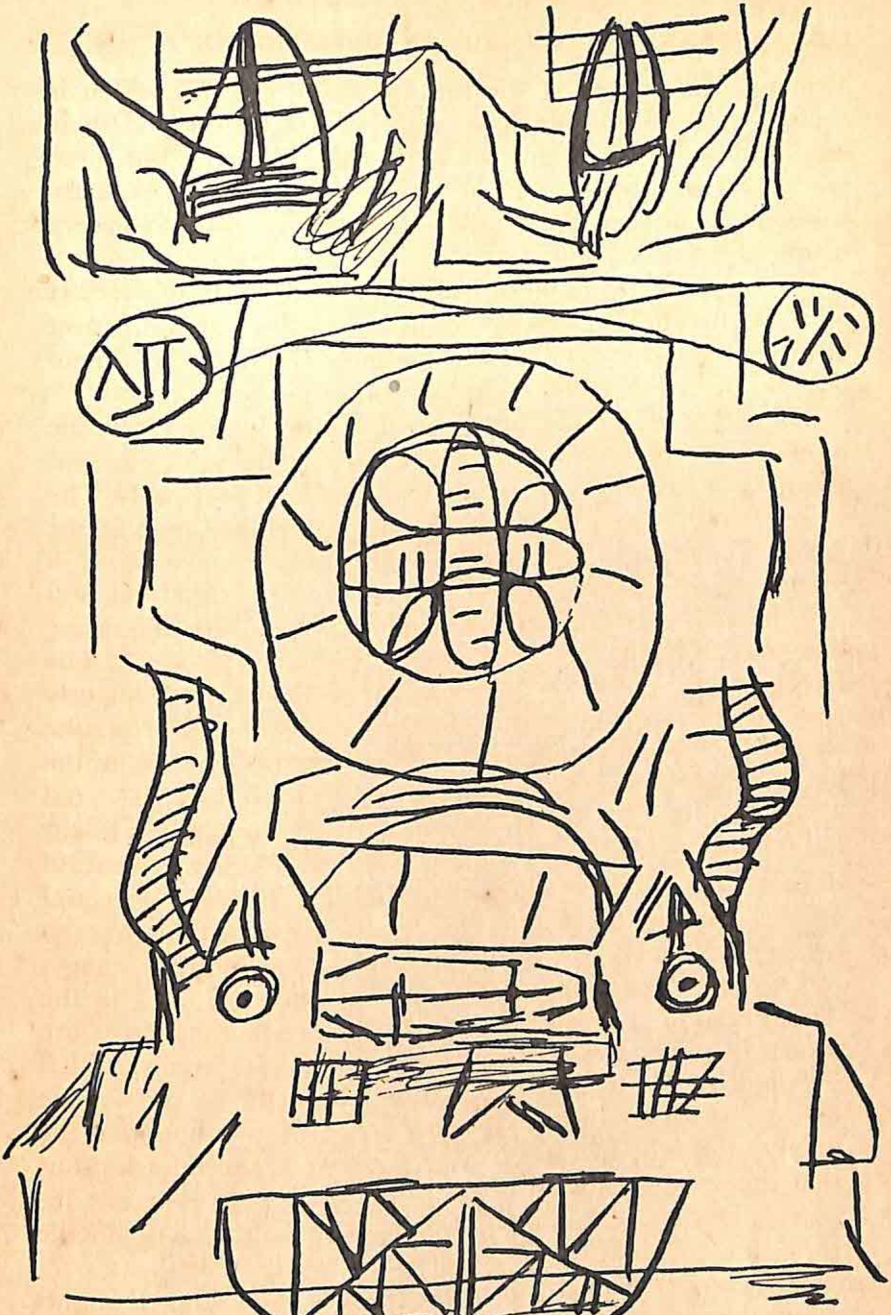

Fig. 1.

expresses that state of mind accurately. In order to rank as a work of art, it should have profound harmony of structure. This could be obtained only if it expressed a more adequate and less disordered state of mind. Such a result might have been achieved had he re-drawn it with adjustments a number of times, which is in fact the way in which some artists work. Alternatively, it might have been more harmonious if it had been drawn when he was in a happy and well-adjusted state of mind, like many artists when they work at their pictures. Another point is that it lacks greatly in technique. Although it is psychologically accurate, as explained above, it is not technically adequate, but very much lacking in skill and craftsmanship. These qualities, however, would not make it a work of art if it did not express vivid and harmoniously organized emotional experiences.

At the time of writing this book, several years after the end of the analysis, patient and analyst had a further discussion about the doodle. It was then clear to both that the drawing looked very much like a fantastic beast, perhaps an octopus, with its head down and its mouth open, with two eyes staring at the observer and its body and two curling arms stretching up behind. The patient was not quite sure whether it looked more like this beast or a tombstone. Perhaps in fantasy there was not much difference. The beast was the infant which had desired to swallow its mother, while the tombstone covered the grave which did swallow her.

CHAPTER VII

THE CHANGING ATTITUDE TO WOMEN

THE discovery by the patient of the possibility of the combination of tenderness and sexual feeling for a woman, and of its importance for himself, took place step by step during a period of several months. In the first part of this period of change, which will be dealt with in this chapter, there were many dreams, of which examples will be given, and in the analysis of which various phallic and homosexual frustrations and fantasies were interpreted. In the second part of the period, which will be dealt with in the next chapter, he returned to the University, and in the third part, to be dealt with in Chapter IX, the development of the genital attitude took place. It will be explained in that chapter how this concluded the analysis.

THE FORMER GIRL FRIEND AGAIN

For a fortnight after the events of the last chapter the analyst was on holiday, and at the next session the patient explained that he had decided to take an Ordinary Degree instead of an Honours Degree, which could be done in a single year at his stage, and then to proceed to a post-graduate degree in order to become a research scientist, if this were feasible. The analyst passed no judgment but simply acknowledged the patient's decision to make these arrangements. Release from H.M. Services on the ground of ill-health had been given, and this greatly relieved the patient. He still had the symptoms of cramp in the left arm occasionally at night, but was much more cheerful and confident, and could work even at mathematics without the discomfort of obsessional difficulties interfering to the extent of preventing his studies, though they were still present to some extent.

He said that his attitude to women was undergoing a change. He had almost fallen in love with the sister of a friend who reminded him of his former girl friend, Doreen. Also he had made contact with Doreen again, and she had told him that she was engaged to be married to another man. He doubted her happiness because she seemed glad to meet him, took his arm and kissed him. He had lost interest in her, and expressed a detached form of sympathy with her inhibited attitude to sex, which he now considered unsatisfactory. Subsequently, after the analysis, the patient met her again, and she told him that she had fully recovered from her tuberculosis, and was happy with her husband and their baby. At the time of the analysis, when he met her and she kissed him, it would have been difficult to judge whether the patient's disbelief in her happiness with the new man was a projection of his own resistance against the possibility of a woman to whom he had been attached ever having a happy sexual life with another man, or to a true estimate of her real attitude. In view of what was found out later about her recovery and success in child-birth, it seems certain that his view was a wish-fulfilment determined by his resistance against the idea that his mother could have a happy sexual life with his father, and projected upon the girl he had loved, who was, as we have seen, a somewhat frigid type of mother substitute. She had changed and he was unable to perceive the difference owing to his own repressions.

He was still very fond of Mrs. Widowood, who was a kind friend whom he frequently kissed, though the relationship had now become 'sexless', as he described it. His determination to resist her advances and to meet her only upon friendly terms had resulted in turning the relationship more definitely into that of the mother-son pattern. As will be seen later, this released them both to form adequate attachments elsewhere.

GOLFING WITH MRS. WIDOWOOD

At this time he brought a double dream for analysis. In the first part he and Mrs. Widowood were putting at golf, sharing a curious putter, which was shaped like a half-saddle made of ebony. They took turns at putting, but the ball never went into the hole.

In the second part he and four friends were golfing with her, and three were carrying violin cases under their left arms and swinging violins in their right hands. One of the men, the fourth, then went away, saying that he had forgotten his violin and must fetch it. The patient wondered why it should be necessary to have a violin to play golf.

The free associations to the first part of the dream showed that playing golf meant sexual love. The ebony half-saddle made him think of an ebony lucky cat which he had once sent to Doreen. It was shaped like the half of the back of the cat, in the dream, and had a hole in it into which he was afraid the ball would enter. The alternate use of this curious putter by himself and Mrs. Widowood suggested an alternation of homosexual and heterosexual attitudes in himself to his mother. The failure of the ball to be holed and the fear that it would go into the hole in the half back of the cat suggested fear of anal sexual intercourse with the mother, or by her with him. The putter was a combined male and female sexual organ, and the half-saddle of ebony was the half-buttocks of a woman with combined sexual-anal opening, halved because of her incompleteness according to his new conception of women as possibly active in a sexual way instead of being frigid or sexless as he had thought of them in the past. Thus he was saying in the dream that the frigid Doreen, who received the lucky cat, was only half a woman to him now.

This possibly calls for some further interpretation here, though the meaning of the fantasies revealed by the associations was plain enough to the patient at the time. The combination and alternation of male and female functions and organs was strongly homosexual in its implications. When he was putting himself he was using a penis, though it might have been a vulva, according to the associations, and he was attempting intercourse *per anum* with the mother figure. Alternatively, and condensed into the same imagery, he was attempting intercourse in the normal way. When she was putting it was she who had the vulva which might have been a penis and was attempting intercourse *per anum* with him. At the same time the whole fantasy was appropriately of a halved or incomplete character, suggesting frigidity, which was a projected wish-fulfilment to protect him from thinking of an adequate sexual relationship, and to accord with its inadequate or homosexual-anal nature. It showed his consciousness of its inadequacy. The black cat exploited in the dream was a lucky one he had sent to Doreen, and the sending of this present suggested to the analyst a hopeful outlook for the treatment, because it indicated that his attitude to women was becoming less frustrated. The mother was represented as a cat, however, which suggested the continuance of the fantasies of retaliation for sexual advances to her.

The second part of the dream was also a sexual fantasy, and in it playing the violin was masturbation, while playing golf was intercourse. It has frequently been noticed by analysts that playing a musical instrument in a dream is equivalent to masturbating. The four friends were aspects of himself, three of them, who had violins, being expressive of his masculine masturbating self, while the fourth, who felt the need of going to fetch his instrument, was the fantasy of himself in feminine or castrated form. The fact that this person expressed the need for the violin was a good sign, because it showed that there was dissatisfaction with the castrated-feminine ego. He himself, the onlooker in the dream, however, wondered why it should be necessary to have such an instrument in order to masturbate or to have intercourse, and why it should not be possible to do without. In this way the present ambivalent attitude of the patient to masculinity was clearly indicated. Part of him, the feminine part, wanted to be equipped with a penis, but another, the masculine part, wondered why it should be necessary and hoped to be able to do without it.

The dreams taken together expressed his combined masculine-feminine attitudes to his mother, the consequent ambivalence to her and to other women, and his unconscious wish to solve the conflicts by forming a 'sexless' attachment to a mother-like woman. This is what he was actually doing in his relations with Mrs. Widowood. They also expressed his tendency to cling to masturbation and to the fantasy of anal intercourse, which he resisted nevertheless, as the only sexual activities which would avoid the conflicts excited by direct masculinity. The fact that the three violinist golfers, a phallic number, carried empty violin cases under their left arms was connected with the tendency of the patient to suffer cramp in the left arm. They were castrated counterparts of himself, while castration was equivalent to the cramp which was a punishment for masturbating. It will be seen later that this did not preclude the possibility of the symptoms in the left arm having other lines of determination as well.

MILK, URINE AND BLOOD

At the next session the patient reported having several very disturbed nights, and said that he was unable to remember any dreams. It was evident to the analyst that some special event must have occurred to bring about this regression to sleeplessness, and that if this could be recalled and analysed the repressions which prevented the dreams from coming into consciousness could be lifted, and he would be able to sleep better, owing to the reduction of the conflicts, and also have more dreams for the next session.

Accordingly the patient was asked if he could think of any event which had caused him uneasiness in the past few days. He recalled that his father and step-mother had a severe quarrel about milk. It arose because he had noticed some dead flies in a jug of milk and had thrown it all away in disgust. Then there was a shortage of milk in the household, and this had led to his step-mother complaining and his father refusing his porridge, after which there was a sharp quarrel. He had been much distressed.

Asked to express his feelings concerning milk more fully, he said he was always very sensitive about the possibility that milk might be bad, that if it was bad he might get tuberculosis from it, and he recalled a story told him by a friend, who said he had seen a milk-boy drink half the milk out of a bottle he was about to deliver and then urinate into it to fill it up again. This made him think of the early dream of wading in a pond half of urine and half of milk. The story of the milk-boy might not be true, but he found it a revolting thought, and it obviously touched upon deep fantasies which made him sensitive. When asked if he had long been worried about milk, he said he had been for about five years to his conscious knowledge, but had not thought it worth mentioning.

He was then reminded of several previous dreams and associations in which the idea of milk being mixed with blood and/or urine had occurred. He agreed that they were relevant, and immediately recalled other dreams not related, in which milk, urine and blood were connected, especially exciting the fear of tuberculosis. His infantile memory of seeing his mother get up in the night and urinate, when he was able to see her menstrual towel stained with blood, feeling intense horror and guilt, was then brought to his attention. In view of earlier fantasies and associations it was pointed out that the milk-urine association was due to infantile identification of nipple with penis, already mentioned several times, and that the association of urine and blood was owing to the view of his mother's sanitary towel stained with blood when she was passing water. Hence came his revulsion when told about the boy who drank milk illegitimately and then urinated into the bottle, and in general his phobia about milk being possibly contaminated, and his association between bad milk and the possibility of chest or breast diseases, such as tuberculosis, or pneumonia from which his mother died, or with spitting blood, passing blood instead of urine or emitting blood instead of semen when masturbating.

This was an important development in the treatment, because it brought together and revealed the significance of a number of related fantasies, especially those determining the patient's phobia of tuberculosis. If, in simplified form, we trace out the lines of causation of this phobia, it can be seen now that the phobia was a fear that he would be poisoned by his mother's milk, and thus have a breast disease or breast caused disease, that he would die from having in his own breast the poison he feared. The idea of the poison was a projection of his own aggression, and a retaliation for wishing his mother dead or for the fear of having killed her, for the fantasy of having injured her in a sexual way so that she passed blood when she made water or milk. This in turn was a modified form of the early infantile fantasy of eating the mother's breast and destroying her in so doing, an act invested with aggressive and libidinal cathexes at that early phase of development. Like the flies which had died in the step-mother's milk, which he threw away, he would die with her from the poison which he had injected into his mother himself and fulfil his incestuous desires by lying with her in the grave. The phobia of tuberculosis was based ultimately on a late oral and essentially melancholic fantasy, dating from early infancy. If we had not had psycho-analysis to help us, it might still have been possible to recall the memory of the upsetting story of the milk-boy, and it might have seemed that this painful idea suggested by someone was the cause of the phobia. Therapy based on that theory would not have been successful.

It is interesting to observe that psycho-analysis is not confined to the use of dreams as modes of approach to the unconscious. Any experiences or acts of everyday life may be used equally well, always provided that their unconscious motivations can be brought into mind, and their symbolical meanings interpreted. The majority of everyday acts, however, tend to be more fully covered by rationalizations than dreams, which spring from our minds in ways which we do not expect to justify. The interpretation of a dream is therefore usually more impressive, because the patient discovers something in his own mind which is obviously outside rational control, and applies the interpretation to everyday life. All the acts and the quarrel about the milk might have seemed to be justified by conscious judgment, and unless the patient had already made many dream analyses, it would have been difficult to start with these acts, whereas in starting with dreams we do not have the handicap of the patient's self-justification.

THE RING AND COFFIN DREAM

He brought to the next visit a dream which he was able to interpret himself as a further expression of certain aspects of the Oedipus conflict. In it he was about eight years of age, a significant age for him, and his father sent him to a certain jeweller's shop to buy a ring. He went by bus and it stopped just outside the shop. He saw the ring in the window among others, and knew it by its brilliant appearance and by the fact that it was illuminated by little lamps. He went in and selected it as if he were making a new choice independently of his father's request. As he took it out the ring began to increase in size enormously, and he lifted the largest stone in it, an emerald, and looked inside. There lay a very neat little coffin beneath the stone which he had removed, covered with a white silk cloth which he lifted, finding the body of a dead neighbour called Tait lying there, and he was not at all surprised. This was the end of the dream.

The shop was near his birthplace, and was visualized in the dream accurately near the bus stop in a certain street. He was asked to give associations to the name of the former owner of this shop, which had changed hands recently, and this led him to think that this man was murdered some years before by an insane person who gave herself up to justice. The murdered man was a neighbour of the patient's, who remembered him clearly, and recalled that he had an unpleasant reputation in real life for giving presents to women, which made his wife wonder what they had done for him. The patient recalled thinking this man resembled his father in that respect, because at the same time, when he himself was about eight years of age, he had heard his mother telling a neighbour that his father went about with other women. He had thought of his father and the murdered jeweller as equally obnoxious men, and they were identified in fantasy. Associations to 'Tait', the name of the other neighbour, whose body had appeared in the coffin inside the ring, suggested 'pater', father, and made the patient recall that this man also had the reputation of going about with women other than his wife. He thought of Mr. Tait as like his father in this respect, and also as being a good and kind father, like his own.

While giving these associations he realized that it was significant that the jeweller had been murdered: it expressed his wish to murder his father, often harboured in mind when he was about eight years old and when he had to defend his mother against what he took to be his father's infidelity, rudeness and violence. When asked why the neighbour should also be dead in the dream, he suggested that it might be the just retribution for wanting to love his mother, and this led to the discovery that he himself felt identified with the dead man, and the analyst wondered whether there was an unconscious clang association, unrevealed, between Tait and patient.

Two threads of unconscious significance running through the dream were disclosed; firstly the fantasy of the murder and usurpation of the apparently obnoxious father in his possession of the ring which was his mother's body and which enclosed his dead father; secondly the idea that the request of his father that he should take the ring was a taunting jest to the effect that he, the patient, would die in the act of incest in the shape of Mr. Tait as a retribution. The two threads were joined together, as it were, at either end: at the beginning because both issued from the idea of his father as a rival; at the end because the dead Mr. Tait was both his father and himself.

The patient's fantasy of his father was divided into two parts; first a part which was hated, murdered and displaced; second a part which expressed a command which was a cruel taunt, and which was in fact the expression of his own masochistic super-ego which had absorbed that aspect of the father-image. It led to his being found dead inside the coffin within the ring under the emerald grave-stone, united with his mother in death. Asked if the emerald had any special meanings, he said his mother had an emerald engagement ring, and lost it, and that he gave an emerald ring to Doreen. He added that his mother often spoke of Ireland, her native country, as the 'Emerald Isle'. Thus one fantasy led to the murder of his father and possession of his mother, while the other, condensed into the same imagery, led him to play his father's part, apparently at his father's bidding, and to pay the penalty of death for incest. From these interpretations the corollary was again established that much of his difficulty in relations with women was due to fear of the father. In these ways the apparently incongruous aspects of the dream were interpreted. The command to take his mother seemed to come from his father. Both he and his father were identified with the dead man found inside the coffin in the ring or vulva, and with the dead jeweller who was the original owner of the ring. He was identified with his father as well as with his mother in death. It is interesting that he said the jeweller was murdered by an insane woman. This corresponded to the patient's fantasy that his mother, thought of as insane to make her act excusable to his conscious ego, had fulfilled his unconscious wish to dispose of his father and to take him in his place. The Emerald Isle was his mother's body.

THE OWL, THE CAT AND THE ANALYST

After this the patient was rather disturbed emotionally, because he felt that the interpretations were convincing, and because they led to his recalling two parts of another dream. The first part was that he saw a big hand hold up a cat by the neck. The second part was that he was playing chess in the presence of some friends who said that when they backed him he lost, but when they did not back him he won nine times over.

He elected to deal with the second part first, and when asked who was his opponent at chess, he said there was an empty chair opposite to him. To his surprise it seemed like the analyst's chair, and then the thought jumped into his mind that the opponent was the analyst. Associations showed that the 'friends' were aspects of his own personality. They were the prohibitive super-ego. When they supported him he lost. The dream expressed his resentment at being unable to outwit the analyst, hating him in consequence and being unable to maintain the repressions set up by his 'friends' the super-ego, who backed him and tried to support his resistances. He gave up the fight when they backed him, and lost the game, but when they did not back him he won nine times.

Then he chose to return to the first part, and was invited to think of the cat which was being held up by the neck. The cat immediately became an owl and made him think of the analyst, a man objectionable in his eyes and admirable at the same time. The owl or cat had been singing, hooting or caterwauling, which was a rude way of speaking of the interpretations made in the analysis, and its neck was being squeezed to kill it and stop it singing, which expressed the patient's resistance. Indeed, both aspects of the dream were expressions of resentment and resistance against the treatment. In the second part he was nine times the winner when not backed by his friends, however, because his opponent, the analyst, was an owl, or a cat which has nine lives and could not be defeated, but when the super-ego backed him failure followed. Thus although the dreams showed resistance and contempt for the treatment and for the analyst, they also showed that the patient had faith in ultimate success. Needless to say, the analyst did not show any annoyance at being represented as a cat or owl which sang nonsense, but was interested in discussing the meanings of the dreams thoughtfully with the patient, who was thereby reassured to continue the treatment. Incidentally it might be mentioned that nine is a trebly phallic number, and that this probably had something to do with its choice as the proverbial number of lives of a cat, meaning here a tom cat can never be prevented from reaching its mate, just as, in the dream it meant that the patient's potentially genital ego could never be destroyed. 'Backing' meant homosexual intercourse *per anum*, dictated by the prohibitive super-ego as a substitute for adequate genital love. These dreams, like those of the dreams of being given a pair of the analyst's trousers and of the spider and the fly, in the last chapter, involved analysis of the negative transference. In the homosexual idea of 'backing', however, the dream of the game of chess with the analyst gave a foretaste of homosexual aspects of the transference to be mentioned in the chapter which follows.

HEADS, CHILDREN AND PROSTITUTES

One of the aims of this book is to show how the same fantasy material must be brought to light in different combinations many times until a final adjustment is achieved in consciousness, and the emotions locked up within the repressed patterns or complexes can be released into the channels of everyday activity. At the next session the patient brought three dreams, a phallic number, one of which gave him great distress. It was that he was with Mrs. Widowood and felt impelled to lift the bed clothes off the bed which was in the room where they stood. To his horror he found the bed to be full of the bloody heads of men. Then he had a conversation with Mrs. Widowood, which he could not remember, but during it he constantly felt impelled to ask her, 'But what about the heads?' Associations to the dream indicated that the heads were penises of men who had loved her, and that she was his mother; that he saw her first in a nightdress, but that she put on normal clothes over it later—a secondary elaboration; that she was a seductive woman like a French prostitute in a film he had seen recently. It was a re-enactment of the fear of losing his penis in the vagina as a penalty for incest. He was struggling with the need to overcome that fear.

The next dream was that he was looking at a tree from which a chain of children hung, the lowest of whom was ringing a bell located in the lower part of the trunk. Immediately a train went past ringing a bell instead of sounding its whistle. The scene then changed and he saw a group of children flying a kite, the cord of which was attached to a bell in the middle of a table and was making it ring by the tension of the kite flying above. Associations to 'tree', 'train' and 'kite' all led to the idea of the erection of his penis. There was also the forward rushing movement of the train and the rising and upward pressure of the kite, which suggested the movements of intercourse. All were penises. Ejaculation was expressed by the ringing of the bells, and the third bell rang at the moment of waking, when he had been roused by a neighbour who rang the front door bell to get him up in the morning. He had been late the night before and asked that one of the neighbours should be told to wake him in this way. The neighbour who responded to this request and rang the bell was Mrs. Widowood, as he half-expected. The bells which rang were sexual desire, first in the lower part of his trunk or abdomen, second in the train or penis, third in the front door or vulva. This was the first dream in which desire for children appeared. He was a hermaphrodite figure in this fantasy, or at least partly hermaphrodite.

The third dream showed him with Mrs. Widowood walking along the road. He noticed her person and clothing, which were filthy and repulsive, but he felt sexual attraction to her and thought that he would have intercourse with her and then 'throw her overboard'. At this point his former girl friend and her father and mother appeared on a yellow tram, and looked scornfully at him. Later he and Mrs. Widowood took another tram and followed them to a place where he often used to go for picnics with Doreen. Here there were many people who had a peace conference, and the dream ended. Associations led to memories of his picnics with the girl, and to a lengthy discussion with the analyst. In this the patient argued that the repulsive appearance of Mrs. Widowood in the third dream was an expression of his being so silly as to harbour ideas of marrying her, a woman about thirteen years older than himself. Then he explained the discovery of the bloody heads as an expression of the idea, based on fantastic interpretations of her behaviour to other men, that she was a woman who sought male company but always repudiated any active advances because she was still in love with her dead husband. The patient thought he was favoured by her, but he never made active advances to her, because he supposed that he reminded her of her former husband. He had too high an opinion of her to be able to accept the idea of intercourse with her.

This led back to the dreams, and to the inadequacy of his rational explanations of them, in view of the intensity of their emotional expression. He agreed to this, and as the hour was nearly ended, it seemed best to explain the dreams more fully to him. The first showed him inviting his mother to have intercourse with him. This part, however, was forgotten in the memory of the dream, because of its great emotional significance, and the discovery of the heads expressed the fear of the punishment by castration for incest, to which corresponded the idea, a defensive wish-fulfilment, that she was chaste and would reject his advances. The second dream expressed the development of the idea of intercourse and its consequences. It showed a combination of sexual and parental impulses. The children were the offspring he wanted and they were shown as ringing the bell in the lower part of his abdomen, where the reproductive organs are placed, with hermaphrodite implications, and thus awakened the parental desire in his mind. The bell ringing implied also the idea that a woman would respond to his desires for love and children and would rescue him from the frustration of the present conflicts. Finally it expressed ejaculation as he already noticed.

In the third dream it appeared that owing to guilt he could contemplate intercourse only with a degraded and contemptible woman, who would be 'thrown overboard' immediately. The prohibitive attitude of the public, with its intense fear of incest, which was paralleled in his prohibitive super-ego, was apparent in the contempt displayed by his former girl friend and her family, first from the tram, yellow with jealousy, and later in the peace conference which rallied public opinion against degrading women by copulation, like prostitutes, and forced him into the 'peace' of repression. It was pointed out that he still had to fight hard against that kind of 'peace' if he wanted to live a happy and constructive life.

He accepted this interpretation and it was pointed out again that his relationship with Mrs. Widowood was at present a dramatization of his struggle to accept sexual feelings for a woman in combination with tenderness and admiration. If the barriers of the incest-prohibition could be lifted, he would be able to combine respect and tenderness with sexual desire for the same woman. Then he would be able to fulfil the promise of the second dream, in which the children rang the bell.

DESIRE FOR WORK RETURNS

The next session was occupied largely with discussing the patient's new work at the University. He had now decided to complete an Honours Course, found the work interesting and was able to do a full day's work easily. However he had a tendency to sleeplessness and to twitchings of the right leg and a pain in the right side—not the left—which worried him less than when on the left, as before. It was explained that these symptoms were the expression of fresh tensions or anxieties due to taking up work again, and the less notice taken of them the better. They would disappear as the analysis proceeded.

PALLAS ATHENE, THE SERMON AND THE DOCTOR

At this session he brought three dreams, again a phallic number, and asked if he should give them in the order of dreaming or in the order of apparent importance. He was told that any order would do so long as the analyst did not decide what it should be.

First he related a dream of being in bed with some man or woman not identified, when he saw a woman's figure shadowed on the blind. She had her left arm turned back and her right arm up and forward. As he watched her she 'materialized', came up to the bed and got between him and the other person. Then he had the impression that he had solved the problem, that she was Pallas Athene, and he awoke shouting 'Pallas Athene! Julius Caesar! Shakespeare!' It was a very worrying dream. He kissed her twice in bed.

The next dream was of being present when a minister was preaching in a church. The minister asked him to complete the sermon on the salvation of mankind. His father was sitting there trying to help him and he was refusing his help. Then a black-haired man, the husband of his step-mother's sister, whom he regarded as a most unpleasant character, stood up and completed the sermon. He was very much annoyed.

In the third dream his step-mother's father was going to the doctor to have his heart examined and asked the patient to accompany him. He refused and the man went off with a woman instead.

These dreams yielded the following interpretations by the free association technique. In the second dream the minister was the analyst and the sermon was the treatment. He was trying to get well and refusing his father's help so that he could feel strong and independent and not in need of the analyst who was also a father to him. The analyst corresponded, in the positive transference to the impression of his father as a pleasant, helpful man. The step-mother and her sister were identified in the dream, and so the husband became his father, this time a horrid and offensive person, who displaced him and spoiled his chances of completing the sermon. This was the fantasied hostile father who prevented his success, appearing in the transference as the analyst in a hated aspect.

In the first dream the person in bed was a friend, one of his pals, Pallas, and the idea of Athene was that of a perfect woman, his mother, whom he put on a pedestal, like a statue as cold as marble, the masculine goddess who sprang like a penis from the head of Zeus and was the patroness of war, the arts and industry. She made him think of the well-known statue of Discobolos. It was a dream of wanting homosexual relations with a pal, friend or father, and of defending himself against this wish by replacing the father by an idealized but frigid mother, whom he could kiss but with whom he could not have intercourse, and who was masculine and would cast the disk or penis herself rather than help him to do it. She was a hermaphrodite superego who would force him to return to the University and work hard instead of making love. Julius Caesar and Shakespeare were identified with the father and with the masculine appearing mother, Pallas Athene.

The third dream was, by inversion, a dream of being taken himself to be examined by his (step-mother's) father. The examination of his heart by a doctor was a wished-for homosexual advance which he repulsed, and the man went off with a woman (his mother) instead, thus clearing his conscience in fantasy. He refused his father's homosexual advances instead of using his submission to the father as a means of bribing him to give up some of the mother's love.

This reminded him of a fourth dream, in which Mrs. Widowood was trying to help her deceased husband to cough up blood and spit it out. He thought of the pain in his left side, and of tuberculosis and menstruation. The husband failed to spit blood, however, and could produce only clear fluid as spittle. He was trying in the dream to be a masculine figure in the shape of Mrs. Widowood's husband and to approach her as a possible mate. He could spit up only clear fluid, semen, not blood. He was insisting on his masculine potency and giving up the fantasy which represented intercourse as a wounding process which would produce blood. Then he felt that Mrs. Widowood and her husband were looking for their daughter, which again made him think of his desire for children. The dream expressed the wish to have intercourse adequately with a woman who was his wife, and for her to have a child.

It was pointed out to him that, although he related the dreams in order of occurrence, he had elected to analyse them in order of psychological significance. The most important was the dream in the middle. It stressed the unconscious conflict with the hostile father fantasy, like the penis in the middle of his body. The first dream was about rejecting homosexual advances of the father as a substitute for true sexual relations with a woman, and of viewing the hermaphrodite mother as a marble statue. Later it will be seen that the mother turns to stone again, which means that he withdraws from her the libidinal investment which made him wish for incest. In the third dream he rejected his father's advances again, and in the fourth, as if in an afterthought, he insisted on his own masculine potency. This was the problem he was solving by rejecting the father and the mother. There was still a long way to go before this problem was solved.

THE POSSIBILITY OF ENDING THE TREATMENT

At this stage of the treatment it seemed almost possible that the patient might detach himself and bring the analysis to an end. Had there been urgent reasons for speeding up the treatment, such as a need to return to work in England again at the earliest possible moment, where the analysis could not be continued, or some other reasons of similar practical forcefulness, then it is unlikely that the analyst could have insisted on continuing. Many treatments break off as if spontaneously at such a stage as this, when the patient is beginning to be affected by transference resistance, and others have to be discontinued by agreement between patient and analyst at such a stage, though more or less unwillingly. His general attitudes to his life and work were completely changed for the better, and the obsessions and phobias which brought him for analysis had largely disappeared. Had he departed at this point, however, a severe secondary breakdown would have been more than likely. It will be clear from the next two chapters what was gained by continuing the treatment, and what might have happened if he had gone back to work in England, for example, at this point. Of course, had he been forced to return to work in the South, it is possible that the analyst might have maintained some degree of contact with him by exchange of letters and by occasional visits, and tapered off the transference gradually in this way, instead of taking the risks of a sudden break. As it was, however, the patient had no reason for wanting to give up, and the analysis was continued with the results to be reported forthwith.

CHAPTER VIII

THE RETURN TO THE UNIVERSITY

THE patient had changed his mind as a result of the rapidity of his progress, and decided to take an Honours Degree as explained in the previous chapter, instead of the Ordinary Degree which he had thought of at first, preparatory to a post-graduate degree. He asked the analyst's advice and talked at length to him about various aspects of the problem, and it was suggested that he should decide for himself. He was persuaded to continue the analysis, however, as a safeguard until he had settled down at the University.

A SERIOUS REGRESSION

His return to work, however, brought about an interesting regression in his state of health, the result of which was that the treatment took a new lease of life and was continued for about eight months. It was, in consequence, brought to a satisfactory conclusion, which might not have been possible if he had allowed himself to be tempted by the idea of breaking it off and returning to work without any further help. The regression was the inevitable consequence of various circumstances which had to be faced. They were: (1) the rapid improvement, which led him to think he was well enough to be independent; (2) his intense desire to take a practical step towards earning his own living; (3) his dislike of idleness when his mind was active and not disturbed in any way apparent to him; (4) the fact that his ego was not yet strong enough to stand the extra strains which would be met by returning to work; (5) the need to analyse the transference. He was influenced consciously by the first three of these points, but the remaining two soon had their effect. It was fortunate that the regression took place at once, in time to make it clear that the treatment must continue.

After studying in the Honours Class for a week, the patient began to suffer from obsessional symptoms again. He started compulsive masturbation when he saw and used mathematical symbols, especially the integral sign in the calculus, felt extreme pain in the left arm, was afraid of mental confusion and aimlessness, and began to spend hours wandering about, either alone or with a man friend whom he recognized to be somewhat neurotic, worrying about his work. He was sleepless at night owing to compulsive worrying, and felt the need to lie down on the floor when the pain in his left arm was at its worst. He again had the compulsion to make and re-make neat and tidy diagrams endlessly and never succeeded in completing them. It was obvious that in all these symptoms there was a marked regression to his former obsessional neurosis, and it was dealt with in the way which will now be described. The main change from the previous approach was that analysis of the transference was involved. This will be explained as the chapter proceeds. It was pointed out to him that if he continued the treatment, the renewed symptoms could be dealt with just as effectively as they had been before and dispelled much more rapidly, and that the whole analysis could be brought to a satisfactory conclusion.

DREAMS OF TOOTH EXTRACTION

The regressive obsessional state was accomplished by a persistent nightmare, in which he took his upper front teeth out one by one with two fingers, and found that they were green and rotten. They stuck to his fingers and he tried ineffectively to scrape them off but failed. The dream was intensely unpleasant.

Free associations were taken to this nightmare, and it proved, as might be expected, to be a combination of masturbation and castration fantasies. There was much guilt, and the idea that the teeth were sticky and could not be removed from his fingers was equivalent to the fantasy that the semen produced by masturbating would stick to his hand so that it could not be washed off, an expression of the fear that his guilt would be revealed by his sticky fingers. There was a combination of male and female fantasies: the mouth was a vagina, while teeth and fingers were the penis. The dream showed desire to withdraw the penis from any natural place it might have in the vagina in intercourse, and also self-castration by removal of the front teeth. His interest in being castrated, he explained, was related to the position he adopted in masturbation, namely lying on his back in the female attitude. His guilt was expressed in a hand-washing compulsion after masturbation. The green and rotten teeth made him recall many fantasies of an anal character which had been analysed previously. The nightmare was not only one of phallic inhibitions, but also anal, and the rotten teeth were faeces, while the mouth was an anal orifice from which he was trying to extract them in order to be freed from the danger of harbouring the scatobolum in his rectum. This in turn was, of course, partly a wish to deny in consciousness the anal aggressive impulses, and partly a reaction formation directed against the unconscious libidinal gratifications gained by retention of faeces. After this analysis the nightmares ceased.

GOING UPSTAIRS

At about the same time the patient also brought a dream about going upstairs at school. There were two staircases, and when he reached the top of one he was told by a man that it was the girls' stair, the wrong one for him. He went back and up the other into a class of children where there was a master who complained that he was late. The patient put his hand into his trouser pocket, brought out a hairy testicle and handed it to the master. After this he felt that all was well, but whenever the master turned on the lights he turned them out again.

The man at the top of the first staircase who told him that it was the girls' stair, was a school friend, the son of a doctor who made him think of the analyst. It was the left-hand stair. So far the dream was an expression of the idea of being helped to overcome passive homosexual tendencies. In going up the girls' stair he was trying to be feminine, and he met a man at the top, who was a friend and identified with the analyst. His choice of the girls' stair which led to the analyst expressed a passive homosexual desire towards him displaced from the patient's father, and showed this aspect of the transference. The man in the dream, however, showed him that it was the wrong stair, which expressed his utilization of the analyst's insight to help him to become masculine. He then turned to the right or masculine stair. Thus the analysis of this part of the dream gave him insight into his passive feminine tendencies and into the transference, both of which insights he accepted, just as he had accepted the boys' stair in the dream and ascended it.

The schoolmaster he met in the classroom by going up the right-hand or masculine stair was also an image of the analyst, and further interpretations of the transference were gained by associations to this part of the dream. By handing the master or analyst a testicle taken from his pocket or scrotum he was proving his masculinity in competition with the analyst or father. This, however, was now an active instead of a passive homosexual reaction, because he wanted to be the man while the analyst was the woman. The hairiness of the testicle made his masculinity more emphatic. This transference situation was then analysed, and it was shown that in turning off the lights he was trying not to use the illumination provided by the insight of the analysis, but was trying instead to hold the analyst in a feminine position, to go to bed in the dark with him. The lights switched on by the analyst, however, would have helped him to give up his homosexual propensities altogether. His reluctance to admit this showed that the interpretation was true, and met with unconscious resistance owing to guilt excited by the need to be truly masculine, and his difficulty in analysing the transference.

In addition to the staircase dream there was a dream in which the patient's step-mother's father made sexual advances to him and he refused homosexual intercourse on any terms. This was linked up with a previous dream in which rejection of an invitation to accompany the step-mother's father to a medical examination had been interpreted as a refusal of a disguised homosexual advance from him in fantasy, the step-mother's father being a feared and hated substitute for his own father. This dream was complementary to the staircase dream, and expressed a firm resistance against the unconscious homosexual wishes, even before the staircase dream had been analysed. There is one other point, which did not come out in the analysis, namely, that handing the master a hairy testicle from his pocket was a restitution of the father's hated masculinity, by the patient giving the father what he had wished to destroy.

It should be said also that the restitution of the father's potency expressed in the second part of the staircase dream probably had much to do with the patient's peace of mind at this time. This is an interesting example of a feature of a dream which, though not analysed, was a form of unconscious communication to analyst from patient, and which, being accepted and understood by the analyst, relieved the patient's emotional tensions. After all, words themselves, in which the analysis is generally conducted, are but symbols, though of a specially flexible and subtle kind. They are no less symbols than dream images, but the images are more static in most cases, and less objectively understandable and more peculiar to individuals than words, which are to a considerable extent universalized in meaning. What is the essential difference from the point of view of the analysis, between saying: 'I dreamed that I gave the master a hairy testicle which I took out of my trouser's pocket,' and saying: 'I felt the need to tell the analyst that I wanted to restore to my father the sexual potency which I had hated in him and wished to destroy because I fancied that he was preventing my own sexual fulfilment'? If the first expression is understood, it is adequate. The main reason for pursuing the analysis of such a thought is to make sure that its real and unconscious meanings are not dodged or misunderstood. In this particular case the analyst noticed a changed attitude to the father, and said nothing about it because it was not touched upon in the associations. Similarly, if in child therapy a girl of about seven years of age accidentally drops a toy woman's figure on the floor and kicks it out of the way, it is not necessary to say: 'I see how much you hate your mother.' The child would immediately retort that she loved her mother, which would also be true. It is sufficient that no resistance should be made when she kicks the mother out of the way.

BOTANY AND PHYSIOLOGY

The patient now made up his mind, as a result of the regression, to give up the advanced Physics course and to take up Botany so that he could gain an Ordinary Degree which could be followed by the post-graduate studies upon which he had set his mind. He felt that it was better to avoid the sexual stimulus (for him) of Mathematics, and to take instead Botany, which seemed to him sexless. This is interesting, because most people think of Mathematics as being less sexually stimulating than Botany, and even that little enough though it deals with the reproductive processes of plants, whereas Mathematics does not appear to most people to have any sexual implications at all. For this patient, however, the sexual significance of the integral calculus was in fantasy much greater than that of the reproductive functions of plants, upon which he looked in a relatively emotionless way.

This change relieved the tension, and after further analysis of dreams such as those mentioned above, he began to feel less confused and guilty, and more tranquil. He agreed that the set-back was temporary like his slighter regressive symptoms when he returned for a holiday to the place where his original breakdown had occurred. He also agreed that the unconscious hostile image of his father was producing frustrations which made him still unable to work successfully at certain studies—chiefly Mathematics—which had special sexual meanings for him. He then said that he was in fact now often conscious of that frustration, coupled with a feeling that he would never be a success at anything—that is to say, at anything sexual. He left the consulting room in a more contented mood, which was partly due to the interpretations, but also to the partial acceptance of these frustrations for the time being.

He took Physiology as well as Botany, as mentioned before, and now reported, after a few weeks at this subject, that there was a further return of the symptoms—worry about his work, pains in the left arm, fear of death and a form of confusion which was apparently attributed to the bustle of laboratory work. It was not really due to the bustle directly, however, but to the emotional implications of the work he had to do, for he soon realized that it was upsetting to find that he would have to analyse urine, blood (and faeces, as he thought). Winchester quart bottles full of urine were standing about and obsessed his mind, so that he was afraid to enter a room lest he should encounter a bottle of urine. He found a picture in a physiology book, which was a photograph of a man with penis retracted before the injection of adrenalin, but erected after. He thought this was horrible, and it worried him intensely, while he felt that the man who had been photographed might have been himself revealing an unpleasant impulse towards exhibitionism. He was taken by a well-meaning friend to see a man's heart pickled in a glass bottle, and this was the final shock. He ceased to attend Physiology classes, but found Botany quite undisturbing. After this he felt discontented because he seemed to have the power to work but was unable to put it into practice.

As a general comment we may say that the Physiology classes provided him with contact with many objects of excretory and phallic significance, such as bottles of urine, a picture of an erected penis and a dead man's heart. The pickled heart in a bottle excited fears of death through injury to the heart, and these were based on infantile fantasies of retaliation for wishes to injure the mother-image by tearing out her heart or womb, on the one hand, and to possess her heart or love for himself to the exclusion of the father, on the other. The anxieties excited by these fantasies were attributed by displacement and projection to the bustle and confusion of the laboratory classes. Nevertheless his power to realize that he had the capacity to work even if he could not use it at the moment was a good sign.

EXCRETORY AND HOMOSEXUAL DREAMS

At the time of giving up Physiology he brought three interesting dreams—again a phallic number. The first was of being in the W.C. wishing to defaecate, and then of having actually just done so all over his underpants by mistake, when his uncle (his mother's sister's husband) came in with his little boy aged 10 years, pushed the patient scornfully out of the way and sat the boy on the seat. Associations showed that the uncle was a bold and rather loose, anal character resembling fantasies of his father when the patient was a child, and that the boy was a spoiled and hated child with many obsessional habits, especially that of spending 'hours' in the W.C. The boy then converted himself into the patient. It was a dream of wishing to be dirty, of being corrected by the father and made into a model child, spoiled but also hated. It combined the desire to be dirty with guilt excited by that desire.

The second dream was of being with his step-mother's sister's husband, and being told that the 'great idea' was to make enormous quantities of urine. The man was eating seedless raisins and passing vast quantities of urine into a jar with enormous pleasure. The patient felt a compulsion to eat seedless raisins too, but resisted. The step-uncle proved to be another representative of the fantasy of a dissolute father, and eating seedless raisins expressed the meaning of homosexual or infertile intercourse. It was he who was to submit to the man's enjoyment of homosexual relations, namely, passing vast quantities of urine into a bottle which was the patient's body, a substitute for feminine sexual excitation. This was a dream of resistance to homosexual advances by the dissolute father, because he refused to eat the seedless raisins.

The third dream was of looking at a diagram of cell division. The analyst came to show it to him and the two halves of the cell became the morning and afternoon halves of a weekly class time-table. He said he could see the analyst on Tuesday, whereupon the analyst put his pencil through that day, and so on for the other days of the week. He volunteered the interpretation that the dream was one of resistance against the treatment, converted into a form in which the analyst was refusing to treat him. This was a clear expression of the negative transference, because the analyst appeared in the dream as the prohibitive super-ego, blocking the treatment. Cell division meant the separation of symptoms from rational and mature behaviour, and the readjustment and development of his personality. It was as if the infantile half was to be separated off and repressed, while the mature half was to be developed and remembered. The dream was therefore again an expression of resistance, because the aim of treatment was in this way completely misrepresented—it was really to bring the infantile and mature halves together and to re-unite them.

At this point he remembered a fourth dream. It was of seeing a girl who had died and was being given a post-mortem examination in which her heart was cut out. It made him think of the pickled heart in the Physiology Laboratory, and of his own heart and phobias of heart disease. He also remembered reading in one of the daily papers about a girl upon whose body that post-mortem had been carried out. This was the stimulus for the dream. Further associations showed that the heart expressed the female sexual organs and sexual love, while the idea of cutting it out was an aggressive idea of intercourse, hysterectomy and death combined. The dream was a condensed representation of sexual intercourse, and of being made into a female by castration, of homosexual intercourse and of death. It was clearly linked with his phobias of having a heart attack, which were expressions of unconscious desire to attack the mother and force sexual love upon her. He said he had intended not to relate this dream, and then forgotten it because it was of no importance. The interpretations showed that he had forgotten it, not because it was of no importance, but because of the guilt attaching itself to sexual love for the mother on the one hand, and to desire for passive homosexual intercourse with the analyst as a substitute for the father, on the other hand, and that he was afraid to reveal these fantasies by relating the dream.

These considerations led to a discussion of his own habit of spending a long time in the W.C., first cleaning the pan with great care and spending much time and using large quantities of toilet paper, and of his compulsion to do this at a time when nobody was in the house, to avoid being overheard. Also he related how he had been afraid recently of having soiled his underpants, washed them and then accidentally scorched them, and made them burnt and dirty-looking like faeces again, in drying them before a fire. He had been afraid to put them in the wash-basket so dirty, and had then felt compelled to examine his father's and step-mother's dirty pants to see if they were as bad. He was astonished to find that they were much dirtier, and felt that he would be ashamed to put them into the basket in such a state. The friendly discussion of this, free from all blame or anxiety, led to much relief.

A short explanation of these anal problems may be given here. The habit of spending a long time in the W.C. was a gratification of late anal pleasure-seeking. The great care taken in cleaning the pan was an avoidance of the fantasied danger from other people's excreta. The use of large quantities of toilet paper was a protection of himself and other people from the fantasied dangers of his own faeces, and the need to go to the W.C. only at times when nobody was about expressed the need for his own and other people's safety and his own avoidance of the guilt excited by the unconscious desire to hurt them with faeces. Similarly the fear of soiling his underpants expressed the desire for anal gratification by being dirty and the conscious reaction against it. In washing and then scorching his pants he both cleaned them at the command of the super-ego and dirtied them again at the behest of the id. He then sought the protection of testing reality by finding whether his parents were even more fully entangled in infantile anal fixations in their sexual activities than he was himself. He had the satisfaction of finding that this was true. The relief obtained from the discussion of these points was essentially due to finding that the infantile fantasies of the danger of faeces and the corresponding super-ego reactions against these dangers were equally unreal.

PHALLIC DREAMS AGAIN

At the next session the patient had settled down to Botany and was satisfied that it had been right to give up Physiology. He was feeling 'fine' again, and brought a dream in which he was about ten years old and was standing outside his father's house looking at it. His mother, rather youthful and attractive, stood looking out of the window fully dressed. Six men came, one after the other, went in and tried to force her to have intercourse. The first two were neighbours, then his stepmother's brother and his mother's sister's husband. The fifth was an unidentified man like his father, with whom he became violently angry and whose face he tried to kick to pieces, but unsuccessfully. The sixth was a school friend who reminded him of himself. His mother successfully repulsed all their advances. He woke up hitting something with the electric torch which he kept under his pillow.

With a little encouragement he interpreted the dream for himself as showing: (*a*) the hatred and jealousy of his father's intimate relations with his mother; (*b*) his impulse to substitute himself for his father; (*c*) his mother's unwillingness to have intercourse with any of the men, which revealed his fantasy of her purity. The first five were all father substitutes. The unidentified man who was fifth, however, proved to be also the analyst, and this showed the negative transference clearly. The analyst was a father substitute whose face he was trying to kick to pieces, and he realized that he had been hitting him with his torch in fantasy on waking. It was satisfactory that he was now attacking the prohibitive super-ego. The sixth visitor to his mother was himself, and it was also satisfactory that he was able to dream of his mother repulsing him, though he said it was a very upsetting dream, the most disturbing he ever had, but he soon felt calm again after making these interpretations.

The next dream reported was one in which he was in a lane and found a body in the ditch. Then he saw two old people making love farther along the ditch, lying against the bank. He felt responsible for the body and was revolted at the sight of the activities of the old couple. Then a small black dog came and tried to snap flesh out of his legs, and he felt that it was very unpleasant. He turned and saw a woman rudely sweeping a man out of her house. He called to his father, who came quite cheerfully, and pointed to the ditch to show him the body, which to his surprise had now vanished, and all was well.

Associations to 'body' led him to remember that it was covered with his mother's aunt's fur coat. He recalled the grand aunt's death and funeral when he was about ten years old, as in the dream, just when his father had returned after an interval and was again living with his mother. The body was that of his mother, who had been looked after by the grand aunt during her life, just as the fur coat protected her in the dream. It seemed that slugs which were faeces were eating her body and that the ditch was full of faeces, for which he felt that he and the dog were responsible.

The man and woman making love in the ditch made him think of his father and an unknown woman. The woman sweeping was very like his step-mother, and she seemed to be sweeping his father out of the house, but the man she was sweeping out might equally well have been himself. The father who was called in to help was the analyst, upon whom the beneficent super-ego was now transferred, and who showed him that the body was no longer in the ditch, and dispelled his troubles. Thus it was a dream of the analyst's part in the treatment.

This dream showed an interesting new feature, namely the combination of primitive and crudely infantile impulses in the black dog, which tried to bite him and produced faeces which were dangerous and had perhaps been the death of his mother, and which was his id and destructive super-ego united, while his ego was trying to see its way through all the complex difficulties. The dog, as id, had overcome the mother with faeces which were turning into slugs and eating her body; as super-ego it was blaming his ego and snapping flesh punitively out of his legs—castrating him. His fantasy of his father's immorality and callousness was expressed by the couple making love in the same ditch unconcerned. Similarly his father's punishment was shown in his being married now to the step-mother, a woman whose attitude was essentially hostile to both father and son. The analyst, as a helpful father-figure, was called in and dispelled the difficulties by showing that the guilt for his mother's death was only an infantile fantasy. The dream was essentially a positive one, because it showed him at the time when his father returned to live with his mother. It contained the same essential feature of restitution which appeared in the dream of the staircase just previously.

It seems very likely that the significant event in his life which occurred at the age of about eight years, and which has been suggested by several dreams and memories already mentioned, was his father's departure from home. In this, of course, there was an intense gratification concerning which there was much guilt and fear of retaliation. It was like the death of the father, which at last seems to free the mother's love for the son. Many people do not realize that an intense gratification may bring about a nervous or mental breakdown, because of the guilt excited, as in a girl recently examined by the writer, who had an obsessional breakdown immediately on falling in love. Similarly a man had an attack of melancholia directly he was appointed head of his department in a certain factory.

THE PHOBIA OF TUBERCULOSIS

The patient failed to keep the next appointment, but the following one he kept. He explained that on the way to the appointment which he missed he met Doreen with a man and had a talk with her, thus being unable to come to the session. She was very thin and was awaiting the result of an X-ray examination of the chest. She was afraid her tuberculosis was getting worse. A neighbour had told him of the death of another girl, who was also a neighbour and who had been friendly with Doreen. She had been married, had broken down on her honeymoon and come home to die of 'galloping consumption'. These incidents had upset him and he had been very sleepless again, though able to continue his work. He was very distressed with obsessional worrying about his left lung.

He admitted that he had felt a reluctance to come to the session he missed, because he was unwilling to seek relief from the distress and worry, which he felt that he deserved to suffer. He had erroneously made an engagement for the same time as the present session, but had broken it because he was determined to come for help.

He was asked of what he should be made to feel guilty by the fear of tuberculosis, and why he should be unwilling to be helped. Then he recalled a dream that Mrs. Widowood's daughter, aged seven years, was sitting astride his right knee and pressing her pubic bone into his leg. He thought, 'That's the vagina,' and tried to push her off. Then she attempted to make him rock her to and fro, and again he tried to push her off his knee. The rest of the dream was very sexual, and concerned two women, but he could not remember any more of it.

When he was asked why there should be a connection in his mind between a girl's dying of tuberculosis and his unwillingness to masturbate Mrs. Widowood's daughter, he could not think of any links. He explained that his friend who was a medical student thought that the girl who died of tuberculosis must have been a virgin. He had been curious but too self-conscious to pursue the matter further, but had thought it more probable that sexual intercourse must have excited the disease germs and caused her death. Step by step he came to see that his fear of tuberculosis was associated in his mind with guilt about causing sexual excitement in a woman, a guilt which was expressed by pushing Mrs. Widowood's daughter from his knee, because she was a substitute for her mother who was in turn a substitute for his own mother. It was also expressed in forgetting the more decidedly sexual part of the dream. He grasped that it had been true throughout his illness that the phobia of tuberculosis was identified with fear of the dangers of being sexually exciting to a woman, and went home much relieved by this discovery of the irrational nature of his phobia. It is interesting that, although this interpretation of the phobia had been touched upon in various ways many times during the analysis, not until this point did the patient grasp clearly its many ramifications as a united whole.

Although it was not revealed to the patient by associations at the time, it was interesting to the analyst and helped him to understand the problems, that the patient should be concerned about a girl who was identified with Doreen and who died immediately after her honeymoon from 'galloping consumption'. This expression condensed the infantile fantasy of oral origin, of swallowing or consuming his mother's breast, with the phallic fantasy of galloping as the action of sexual intercourse. The idea of 'galloping consumption' was a cannibalistic, pregenital and incestuous fantasy.

RAZORS, GUILT AND CASTRATION

At the next session the patient brought two related dreams. The first was that he was trying very hard to pick raisins out of his left palm, where they were embedded in the skin, and disgustingly rotten. He was using the head end of a pin as an instrument to extract them.

The second dream was that his father was attacking him with a razor and trying to pierce his heart. He turned to the attack and stabbed his father to the heart with a certain instrument which he could not identify. Later he was in a room the door of which was partly blocked by a piano. His father came in with a razor to attack him again, and he, terrified, fled out and downstairs. There he met a man of indefinite appearance, also ready to attack him with a razor. He rushed away upstairs again and found his father, made friends with him and shook hands.

Associations to the first dream identified raisins with seeds or semen, and showed that the dream was an expression of guilt over masturbation. The seeds were disgusting because of his guilt, and stuck to his hand because of his fear that he would never be clean again. He was trying to get them out, to castrate himself in order to escape from the necessities of the sexual instinct, which seemed to be filthy and revolting. He was unable to get them out because the sexual instinct could never be eradicated. Raisins were also associated with excreta, and the fear of guilt from masturbation was shown to be partly a fear of the dangers arising from late anal aggression. In so far as he was unable to castrate himself, using the head end of a pin, which could not hurt or prick him, it was a good or positive dream.

The second dream resolved itself into an expression of fear of attacks by the father, which he repulsed in the first scene. His ability to dream of stabbing his father's heart with a penis disguised by the dream work as an unidentifiable instrument, was a good sign, since it showed his ability to resist and assert himself. In the second part of the dream the attack was renewed by the father. The piano was his infantile self, as in earlier dreams of the eight-keyed piano, and it was blocking the door in self-defence. In the third part of the dream the man below was now the 'bad' or dangerous aspect of his father, who was divided into this bad part below and a good part above, so that protection to the patient's ego might be obtained by directing hate to one image and love to another. It was an effort after unconscious resolution of the conflict over loving and hating his father at the same time. On the whole the dream was a positive one, because it ended with a reconciliation with the father.

The relationship between the dreams was that his guilt about masturbation was a fear of his father's hostility. It was then seen that there was a connection between the dream of digging raisins out of his left palm and the pains he often suffered in his left hand and arm. The pains were an hysterical symptom formation expressing the desire for castration, the left hand and arm being a symbol of the penis. He recalled then a connection between these pains and masturbation, which they usually preceded, though the order was not very regular. In general, the pains came during the phase when he was struggling against masturbation, but when he accepted it as an inadequate form of sexual outlet, a frustrated expression of libido, they ceased.

MURDER AND RAPE

At this time he reported passing a Botany Class Examination, and said that he was working very well, and also that he was writing murder and detective stories. In order to get his facts right he bought a book upon medical jurisprudence, and had been reading it and studying the illustrations with a mixture of revulsion and curiosity. The illustrations which excited his interest most fully were (*a*) photographs of the bodies of persons who had been murdered in various ways, such as by having the throat cut, or having innumerable knife wounds, and (*b*) photographs of the sexual organs of women, especially those showing the labiae of the vulva stretched apart to reveal the hymenial membrane, comparing the intact or virginal form with its appearance after rape. He brought the book to one of his sessions and spent a whole hour looking at the pictures in it with the analyst, who examined them carefully with him, and explained that he unconsciously sought the good father's permission to indulge his sexual and aggressive interest in women and his aggressive impulses towards the hated father image. In this way the analyst gave the required permission in his capacity of the beneficent super-ego, and relieved the tension due to guilt.

The patient was unconsciously impelled to display to the analyst his desires to murder his father and to commit incestuous rape on his mother. In this he was trying out his repressed impulses in the therapeutic relation with the analyst, who, by interpretation of this transference phenomenon, was able to prove to the patient that these impulses were the expression of harmless fantasies. The patient was testing the analyst to see if his actions were equal to his words in the previous dream analyses. Had they not been equal it would have excited the resistance and perhaps brought the treatment to an end. It was a good sign that the patient was able to bring the book and discuss it with the analyst. He was becoming more open about his sexual and aggressive impulses, and using them in a constructive way in writing detective stories.

A FUNERAL AND THE EXAMINATION

The patient was absent from the next session for which an appointment was made, because he had to go to the funeral of a man who had been a family friend and who had died as the result of a heart attack following a fall downstairs when recovering from influenza. The combination of death, heart trouble and influenza, an illness of the breathing organs, would seem to have been specially disturbing to the patient, because these had been some of the main ideas about which his symptoms had focussed. He reported, however, that he was unexpectedly calm about the whole incident, and that he watched the coffin descend in the crematorium without a qualm, though he imagined half-burned bones and wondered whether any bits of flesh would be 'roasted' and not fully consumed. He volunteered the idea that the more freely he was able to express such morbid fantasies as these in the analyst's presence, the less they worried him in the course of ordinary life. The essential reason for this is that, in the atmosphere of the beneficent positive transference, the 'dangerous' fantasies which might excite intense guilt and anxiety, are found to be harmless. This is in fact, the essence of the familiar cathartic effect of sympathetic participation in tragedies by watching them acted or reading about them. Mere discharge of aggression by itself does not have much beneficial effect. It must be discharged in such a way that the person who discharges it finds it to be harmless. Thus, although it is more exciting for a child to be able to tear to pieces a doll which is not meant to be dismembered, it is more useful therapeutically to disjoint one which has detachable limbs and which can be put together again. In the crematorium he was able to tolerate the ideas of roasting his father's flesh and burning his bones.

At the session at which he reported the funeral, the patient brought a dream that he was sitting a science examination, apparently alone, in a room like the analyst's room. He answered one question, but there were two other questions in the form of pieces of music with hidden scientific meanings that he could not understand. He went out for a walk during the examination, in the hope of finding the answers. Down the road from the University he looked at his watch and saw that it was 11.50 a.m. The examination was due to end at noon. He rushed back to complete the answers, but found that the desks had been cleared. It seemed too late. He went down to the professor's room below and entered. The professor was working and the patient asked why the questions had been so peculiar that he could not answer them. At that point he woke up feeling very distressed.

Associations to 'examination' made him think of a medical examination he was expecting to have to undergo—not a test paper, of course, but a physical examination by the medical officer. This made him think of castration, and of a picture of the vulva being held open with forceps to display the hymen. He thought of someone putting his finger into the opening, and then of himself slipping a pencil into the red-hot spiral filament of the electric fire in the analyst's room. Then he started counting the number of spirals in the fire.

This dream raised interesting problems from the point of view of the transference. Associations to the examination room showed that it was the room where the analysis took place, and that the examination was the analysis. He wanted the analyst to castrate him, to turn him into a woman and to have intercourse with him, just as he thought of someone putting his finger into the opening of the hymen. If this were refused then he would become aggressively homosexual and force the analyst into a feminine position, castrate him and have intercourse with him, just as he thought of putting his pencil into the red-hot filaments of the analyst's electric fire. If in turn this were also refused, then he would fall back on counting spirals, or doing mathematics, instead of either homosexual or heterosexual activities, as he had before the analysis started. This would repeat the regression into neurosis. The analyst-father refused both types of homosexual activity, but instead interpreted the unconscious implications of the dream, and thus rejected the idea that castration and/or homosexual gratification would be modes of escape from the genital developments about to take place in the patient. This analysis of the transference of infantile father fixations to the analyst helped to free the patient for the next step in his maturation.

The dream of the examination was specially interesting, because it showed by its unanswered questions with hidden meanings that there was to be a development towards a new level of libidinal organization. The patient was to pass the examination, to prove that he was not castrated, and to move towards genital supremacy. In the dream he was blocked by arriving too late and finding the desks cleared. This had a double meaning, by condensation, and the desks were also the decks which were cleared for action. Arriving too late expressed his resistance, but the clearance of the decks showed that action and change would follow. In this chapter we have seen how a regression resulting from a return to work was followed by recurrence of symptoms and analysis of many dreams and fantasies, some closely similar to those which had been dealt with before, but with the addition of many new themes of late anal, or obsessional origin. It was like a miniature repetition of the analysis, with the emphasis now being placed upon the transference. These regressive fantasies, obsessional and transference problems, were now successfully dealt with, thus overcoming the danger of further regressions and paving the way for the development of genital maturity which followed. In the next chapter the nature of the two remaining and enigmatic dream-questions will be discussed. The dream was like an examination of the analyst, to see whether he could solve the patient's remaining difficulties.

PROBLEMS OF THE TRANSFERENCE

It is often said that the progress of an analysis tends to fall into three well-defined stages. The first stage is that in which the transference is established, and in which many problems of the patient's life and early conflicts are brought to light and interpreted. It is a stage of growing dependence on the analyst and of growing insight at the same time. The second stage is that in which the transference is fully established, and in which the patient's problems tend to express themselves in the transference and to be resolved by its analysis. It ends with a reduction of dependence, and still more insight. The third stage is that in which the problems of the patient's conflicts are brought to final resolution, and in which the remaining transference tapers off and the patient steadily detaches himself and finds other interests in the constructive activities of daily life.

In the present case it is clear that the greater part of the treatment up to the phase represented in this chapter was the first of these three stages. In the first stage, it is true, there had been various dreams which involved analysis of the transference, and these are typified by the dreams of 'The Owl, the Cat and the Analyst', discussed in the last chapter. In these dreams the patient's opposition to the analysis was expressed by representing the analyst in contemptible and objectionable forms and in attacking them. He was, for example, a cat which howled, an owl which hooted or an opponent at chess. Also the transference appeared in beneficent forms, as in his feeling confidence in an analyst who was not a physician, owing to his fear of his father expressed in his attitude to physicians. Little definite analysis of the transference took place, however, until the present stage. Indeed an attempt to analyse the transference too early would have been inappropriate and would have caused a set-back in the treatment.

Hostility to the analyst in the earlier resistance dreams is to be understood as built up on the basis of a defensive form of aggression, excited by the interference with the patient's private life and intimate affairs which the analysis inevitably involved. This was reinforced by hostility to the father, dating from frustrating events of childhood and infancy, and now transferred to the analyst. The early phase of the treatment was perhaps unusually prolonged in this case owing to the importance of the many fantasies of oral and anal relationship with the mother, which were dealt with in the beginning, and the successful analysis of which depended on the analyst playing the part of a beneficent mother figure. The prominence of these fantasies make the case unusually interesting.

In the present chapter the second stage of the analysis was reached, and the various forms of transference resistance to the father were more fully developed. They expressed themselves partly in the desire for work and to return to the University. This was in part an attempt, now that the patient felt stronger and more confident, to pit his strength against that of the professors, who were father figures, and to rival them at their work. In part it was also an attempt to win their approval and love, which was a form of passive homosexual interest. These attitudes were also transferred to the analyst and came out clearly in the interpretation of a number of dreams, of which the dream of 'Going Upstairs' was a good example. He wanted to have homosexual intercourse with the analyst, as a substitute for the father, to kick his face to pieces, and to restore to him the masculine potency destroyed in this aggressive fantasy. In other dreams it was clear that the transference was made to men such as the step-mother's father, or the step-mother's sister's husband, and not to the analyst. The dreams showed in some ways the transference of homosexual desire and in other ways the resistance against it. In the next chapter a further example of a transference dream is discussed, which is a dream of insulting the analyst with all the opprobrious epithets the patient could invent.

If the treatment had been broken off at the stage before the analysis of these transferences, the risk of secondary breakdown would have been very great, because the patient would have left the analysis with a combination of unconscious aggressive and homosexual desires, and of resistances against them, at that time directed largely towards the analyst. The regression on returning to the University illustrates the seriousness of this risk, and shows how it was overcome. The dangerous pattern at work may be interpreted by saying that the aggressive and homosexual desires would have been transferred to other father substitutes in his work. They would have facilitated his progress for a time, until they became too intense and threatened to appear in consciousness. Then the guilt and resistance against them would have been mustered by the prohibitive super-ego, and the competition and co-operation necessary to constructive work with older men in positions of authority would have become impossible. Hostility would have replaced dependence and the patient's neurosis would have reappeared as a defence against these dangers and difficulties. There is, of course, a strong tendency for the analysis itself to be broken off at such a stage, for the same reasons. The transference must be analysed as shown in this chapter, and the next chapter will show how the third stage of the treatment was completed.

EXAMPLES OF TRANSFERENCE ANALYSIS

In order to illustrate more fully how the transference plays the part of a resistance, and might bring the treatment to an end, another case might be mentioned. After about ten months of analysis, during which there were various phases of dream and fantasy interpretation and of acting out the unconscious impulses connected with the Oedipus complex in relationship with his girl friend, a patient suddenly accused the analyst of preventing him from leaving her. This was obviously an interesting problem, because it might have been more readily expected that he would think the analyst was interfering between him and his girl friend. Although the patient was decidedly angry about the matter, it was easy to show him that the analyst's attitude had been wholly impartial throughout, and that he had not taken sides about the girl friend in the least degree. It was obvious that if the fantasy of the analyst preventing the patient from leaving her could not be dispelled, then the patient would leave both the analyst and the girl friend without further ceremony, and the hopes of his cure of an obsessional neurosis would be ended. The analyst, however, was able to challenge the patient to leave his girl friend and so put his impartiality to a real test. He also explained that the patient's prohibitive super-ego had, in his case, tied him to a girl for whom he felt no love and with whom he could not contemplate intercourse owing to his deep-seated sense of guilt. He was unconsciously projecting upon the analyst the prohibitive functions of that frustrating super-ego, and at the same time his ego was fighting against it. The relationship with the girl was an immature one, and had to be outgrown and abandoned, and the analyst had to prove to the patient that he supported the growing ego in its claims for freedom and not the prohibiting super-ego. It may seem strange and irrational that this interesting transference phenomenon should occur in spite of the analyst's impartiality, and although this impartiality was quite clear to the patient. That, however, simply illustrates the irrational nature of the transference and the importance of its analysis if the treatment is to continue and the patient is to solve his problems.

The analysis of the transference was made practicable by the insight from previous interpretation of about 250 dreams bearing on all aspects of the unconscious, which had been undertaken during the previous ten months, and also by the existence of a strong positive attachment, itself a transference, which had been built up during that period, and was sufficiently firm for there to be no danger of its being dispelled by analysis. Had the transference been analysed in the early stages of the treatment, before this positive background of attachment had been established, which is quite possible, then the patient would have been thrown from one pole to the other of positive and negative feelings towards the analyst in a way which would probably have been so disturbing that he would have abandoned the treatment. The present chapter shows an additional and interesting point. Not only a negative, but also a positive transference may act as a resistance, if not analysed. The resistance of the negative transference is due to the fear and aggression which it promotes. The positive transference may produce resistance, as in this case, by making the patient feel identified with the analyst and therefore in no further need of treatment, by exciting unconscious sexual wishes, in this case homosexual, which excite guilt and fear, and if not analysed, cannot be dispelled, and in general by exciting fantasy demands by the patient, which the analyst cannot fulfil but must analyse, because to deny them would be to take sides with the prohibitive super-ego.

It would be interesting to conclude this chapter with an illustration of the use of transference analysis to help a patient to gain insight into and overcome emotional complications repressed in early childhood. In the course of a session of analysis a young man who had been analysed for more than a year, to help him with inhibitions relating to a musical career, mentioned that when playing the piano recently he had suddenly felt a peculiar fear that the keys of the instrument would become like teeth which would eat his penis. In order to follow up the implications of this fantasy the analyst asked the patient if he had ever had the fear that a woman would castrate him. The analyst's question was based on his knowledge from the results of previous sessions with the patient that the piano had been given to the patient by his mother before her death, and that free associations had shown that the patient while playing the instrument had often felt that he was having incestuous intercourse with his mother. At the moment of being asked the question about castration by a woman the patient sprang violently from the couch and said that he would feel safer if he sat on a chair. The analyst agreed to this, but asked him what had stimulated him to jump up from the couch so suddenly. He could not remember, and the analyst then reminded him of the steps of the analysis which had led up to the question about castration by a woman, and asked if he reminded him more of his mother or of his father at the moment. The patient said that the analyst was more like his mother, and then he suddenly exclaimed in a savage way, 'Now I remember that when I was a child my mother sometimes used to stand over me with a knife when I was in bed and threaten to cut off my penis if I didn't stop masturbating! She said she would make me into a girl. It was terrifying to me but it didn't teach me not to masturbate.' The analyst asked the patient if he had any special feelings towards him at the moment, and the patient replied that he would like to smash in his head. The analyst pointed out a large Chinese ornamental jar on the mantelpiece and suggested that it would be a suitable weapon for the patient's purpose. The patient stood up, surveyed analyst and jar thoughtfully, and said, 'I wonder you can keep so calm in the face of imminent danger. I'm quite strong, you know.' The analyst said that the patient was now experiencing again emotions and impulses which had often been directed towards his mother in infancy and childhood and which had been deeply repressed. He added that the analytic insight he was now gaining would enable him to realize that these forms of aggression, though appropriate in the past, were at present directed to the analyst only in the transference. They would cease to trouble him if the analyst could help him to express them consciously in a symbolic way instead of forcing him to repress them as his prohibitive super-ego had done in the past owing to the fear of injuring his mother. The patient then said that this interpretation was quite right, and lay down on the couch again to continue the analysis, which revealed to him that his difficulty in playing the piano had been due to the unconscious fear that his infantile hatred of his mother had been the cause of her death. Next day the patient had an audition for playing the piano, in which he was unexpectedly successful.

CHAPTER IX

REACHING GENITAL SUPREMACY

THE examination question which he had succeeded in answering in the last dream discussed in the previous chapter, was the problem why his breakdown had occurred. Now he could understand this. His breakdown had occurred because of the unconscious infantile fantasies re-activated by his mother's death and father's re-marriage. He felt almost like the grave which had swallowed her. This is the most concise statement we can make of the central theme which had the many and complex ramifications discussed so far. All these complications need not be repeated here, but a short summary of the whole course of the analysis will be given in the next chapter.

The other two questions which were couched in terms of music with hidden scientific meanings that he could not understand, were genital level questions, upon the solution of which the next developments and the successful termination of the analysis depended. They were couched in musical terms because of the transference. The analyst, whose help was sought to answer them, was an amateur musician. They had hidden scientific meanings, actually Botanical in the dream, because Botany was for this patient the only representation of sex and reproduction which was sufficiently detached from human feelings to be tolerated by his ego.

The analyst understood that he was called upon to help the patient solve the two problems, for his emotional life: (1) of genital love; (2) of reproduction, and that this was necessary for the successful termination of the analysis and adequate genital development. The analyst was to continue using the patient's positive transference to help him to overcome the effects of the prohibitive super-ego which would excite resistance and would make him feel guilty for trying to solve these problems, and if possible prevent him from solving them. When they were solved he would be able to reach the mature or genital level of development, would be able to combine sexual pleasure with tenderness for the woman he loved, and to tolerate the idea of becoming a father himself, without being overwhelmed with guilt and anxiety. This chapter will be devoted to explaining how this final phase of the analysis was completed.

TRAVELLING TO SCOTLAND

To the next session he brought a complex dream that he was in London on his way to Scotland. When he boarded the train a man whom we shall call Mr. George Smith, a neighbour of his, who was a lodger with Mrs. Widowood, boarded it too, and murdered another man on the train. The patient then went to another train for safety, and the very same thing happened again in it, so he went to a third train, this time forgetting his baggage and money. Half-way he found that he had no money and no ticket, but he was able to borrow four pennies and two halfpennies to pay his fare, from a woman who reminded him of Mrs. Widowood.

In Scotland he met Mr. George Smith's wife, who was a misshapen dwarf, horrible to see. He clasped her to him as if to have intercourse. Then he went to the house where he had lived from the age of three years until about ten. He saw there three small women walking past the window. One was a dwarf, the other two were unrecognizable. Then the news came that Mr. George Smith had been apprehended by the police and hanged, although the patient denied that Mr. Smith had committed the murder on the train to Scotland. His body was brought to the house in a coffin with a special chute over it full of coal and firewood. He said he was horrified that they were going to burn the body right outside the house. Immediately he changed into a small boy who was about to play a game with a big ball between his legs, and the coffin and its contents ceased to have any interest.

The patient offered a part analysis of this dream for himself. Mr. George Smith made him think of his father, and of many occasions when he had been conscious of trying to get his mother to himself as a small boy, and to exclude his father. The man's wife was like Mrs. Widowood, towards whom he had felt very much as a son. She was made to appear like an objectionable dwarf in the dream because of his feeling of guilt about wanting to have intercourse with her. This transformation was an ego-defence aimed at making her unattractive. The woman who lent him money in the train was also a mother figure. This was as far as his interpretation went.

When asked to continue the analysis himself, he said he was unable, but each item was taken in turn and he was invited to say what it made him think of next, after the usual fashion of free association. The man murdered twice in the trains was a sort of confederate or comrade of his father's, whom he felt to be identified with his father at his worst. He was a 'bad' father image. The three women he had met and known at home as a child; they were all friends of his mother's, but he could not now identify them by name. The incident of burning the dead body expressed his desire to destroy his father by burning him up with hot urine, fire being used in the dream because it is the opposite of water or urine, and because water puts out fire just as he wished to extinguish his father. This was coupled with great anxiety and guilt which was due to the reaction of the super-ego against the intensity of the unconscious wish. The man murdered was also like himself, in so far as he was trying to be a confederate of his father's in the sexual acts about which he felt guilty, and to do what his father did, namely, to 'take' the train or penis to the place where the mother lived, to Scotland, to her body and to capture her love. Finally, attention was drawn to the little boy at the end of the dream. He was another image of the patient. The struggle over the father and the hostility to him were followed by horror and remorse, in which he tried to evade the responsibility for the murder by saying that it did not happen in the train, that is to say, while re-capturing the mother's love, but the murderer was apprehended and hanged all the same. Mr. George Smith, the murderer, was a lodger with Mrs. Widowood, the mother figure. He co-habited with her, as the patient wanted to do himself, though we do not mean, of course, to suggest that in fact she was his mistress, because this was purely a fantasy. Mr. Smith was the patient. Having disowned the murder and nevertheless suffered punishment for it, he was then free to start a new and independent sexual life, like a game of ball, with the ball between his legs. Capturing again the mother's love, he regained from her, not the lost baggage or anal love of infancy, but the price of a ticket to Scotland. This was four pennies and two halfpennies, namely, three times two round or feminine objects, a number which combined three and two, and was therefore symbolical of heterosexual union, three being masculine and two feminine. The price was also five pence, or three plus two pennies, which now meant three male and two female objects added together. To borrow from the mother the price of this ticket meant that he won from her image, the sanction of genital love. The value of one genital penis, a ticket to Scotland, was a double union, first of mother and child, second of husband and wife. Returning to the age of a small boy, the age of development of phallic inhibitions, he was now about to start a new development towards genital maturity. Travelling to Scotland meant completing the journey of the analysis.

'FLATTERING' THE ANALYST

In a second dream the patient was standing in the road with the analyst, shouting at him all the opprobrious epithets which he could think of, such as 'accursed idiot' and so on. At each successive insult the analyst laughed and seemed to be enjoying himself thoroughly. In the end, when the patient could think of nothing else bad enough to say, the analyst remarked that he was not accustomed to such flattery, and the dream ended. This was readily interpreted as an expression of resistance against the analysis and of hostility towards the analyst. The patient and analyst laughed heartily over it, just as the dream represented the analyst as laughing over the insults. This was a good sign because it showed that the patient, whose unconscious mind invented the dream, was really on the side of the analyst although he felt the need to discharge aggression against him. This aggression was really the hatred of the father expressed in the previous dream, and it was essential that the patient should be able to discharge it in the transference in order that he should make progress in the treatment. Nevertheless the dream showed his super-ego standing in the road with the analyst, that is to say, standing in the analyst's road, or standing in the way of the analysis. This resistance had still to be overcome, but there was an important and interesting ambivalence about the imagery of the dream, which also showed him standing with the analyst as if almost ready to co-operate, and in the road which they would have to take together in order to complete the treatment.

THE HERMAPHRODITE ATTITUDE

At the next meeting the patient said he had been unable to recall his dreams since the previous session. He had decided that being in love with Mrs. Widowood was a thing of the past, and he had now detached himself from her. Instead he had asked three different girls to go out with him, and had decided to go to the Students' Fancy Dress Ball disguised as 'a debagged minister'.

After discussing the girls for about quarter of an hour, saying that one had a graceful figure, another was good at kissing and the third was more on his intellectual level than the others, he remembered one of his dreams. He was listening to his step-mother using the vacuum cleaner and then fell asleep. He dreamed that he had taken it from her and started using it himself. Mrs. Widowood came in and saw him, and he realized that he could block the vacuum pipe by squeezing it between his legs, and did so, waking up to find that his step-mother had stopped using her vacuum cleaner.

The connection between this dream and external circumstances was obvious. Associations to 'vacuum cleaner' led to the ideas of sucking and biting, and a mouth full of loose teeth. Then he thought of University buildings and of letting off rockets; then of a fish swallowing its own tail, and of a toy in a recent exhibition, which went round and round in a circle. Then he thought of a fish's gills and of human lungs, and finally of tuberculosis.

At this point he remembered another dream. He was urinating against a wall, and the urine was stained with blood. It became more and more full of blood, until at last he waked feeling very depressed.

Associations to this dream led to the fantasy of himself menstruating, and then to the vagina; to his putting his head into the vagina and getting it messy, wiping the mess off his face and into his eyes, which were eaten out by the fluid that had now become corrosive. The eyes turned into testicles.

The combination of dreams and associations were interpreted as showing that he had a desire to take his step-mother's place, to adopt a passive homosexual attitude. He wished to use the vacuum cleaner to suck a masculine Mrs. Widowood in infantile fantasy, but controlled it by blocking the tube between his legs, a fantasy of vaginismus, followed by choking, throat trouble and lung disease, in which the throat was substituted for the fantasy of the vagina by displacement upwards and to a more peripheral organ. This led to going round and round in circles at the University in his studies, which were too often simply a means of self-frustration, like a fish eating its own tail (penis), a hermaphrodite attitude. Escape followed in illness, the lung especially being affected because of the need for a due penalty for sucking the penis. He was both the University (female) and the one who let off rockets (male) at the same time.

The hermaphrodite attitude appeared even more clearly in the second dream, in which his sexual powers became partly feminine, and he seemed to insert his own head or penis into his mouth or vagina. The penalty for this was castration, or destruction of the eyes, which were now both masculine and feminine symbols, in the corrosive fluid which he could not remove. The hermaphrodite attitude was a vicious circle of infantile fantasy formations, both wishes and punishments—passively homosexual, feminine and masculine at the same time, all ending in the destruction of vital powers and the fear of punishment. Another form of escape mechanism, or of dodging the implications of the mature genital attitude, this hermaphrodite fantasy was dispelled by analysis, and there was a return to the central problems, which will be apparent in the next section. The hermaphrodite fantasy had appeared before, and appeared again later for a short time, however, as will be seen.

CASTRATION BECOMES A DANGER

At a later session he reported a dream of being operated upon for appendicitis by a friend, who took out all his intestines, cut them into little pieces and put them in the waste paper basket. Then he sewed up the patient's abdomen again, and the patient got out of bed feeling quite well and indeed far better than before, having a 'clean inside', but with a certain vague idea that when he ate any food his intestines would be filled with an unpleasant mess.

He interpreted this dream as another castration fantasy. In discussion about it he said the friend was a lad who was exceptionally clean-minded, who never spoke to women or had any sexual feelings, and who always wore a white laboratory coat. He thought there was a pun on 'lavatory' coat. He also agreed that the dream condensed late anal and phallic fantasies in its imagery—to be castrated was to be clean in the anal as well as in the sexual sense. It carried the implication that sexual desire was like hunger and would return, that the effects of the wish for castration would be less helpful than he supposed, because then his inside would be dirty again. The possibility that the wish for castration would be ineffective, that he would have to face the normal return of desire, was a new development. It suggested that castration might be a danger. Subtle changes like this are interesting. They often indicate important alterations in the patient's attitude which can be brought to his attention with advantage if the analyst can notice them and give them his open, tacit or implied approval, according to the patient's special needs at the time. The important change at this moment was that he was about to resist the idea of castration as a possible solution for his sexual conflicts. It is interesting to see how sexual maturity was blocked by late anal or obsessional conflicts, which formed the focus of his neurotic difficulties, just as early oral conflicts were at the focus of his psychotic tendencies.

THE MOTHER TURNS TO STONE

While talking of this dream he recalled the middle part of a dream which was of attempting to have intercourse with a woman, but, on trying to find the right place with his hand he discovered only a hairy mess, and no opening into which to put his penis.

He argued that this was a also a fantasy of sexual frustration, and then remembered the first part of the same dream, in which his father was trying to injure his grandmother and he was stopping him. Then he remembered the last part of the triple dream, and in it the woman with whom he was trying to have intercourse turned to stone. At once he realized what had been the stimulus for the dream—he had been studying the seaweed *Fucus serratus* in Botany, and it was among the fronds of this plant that he had been searching for archegonia or female sexual organs. The dream showed his father having intercourse with his mother, not his grandmother, that the patient was jealous and feared that she would be injured, an injury in which his father would take away her love. He projected his own hostility upon the father and thought that his father was attacking his mother. He tried to stop him. Then he attempted to have intercourse with his mother himself, but was frustrated by fear of the father and could not find the place. Lastly the guilt was projected upon her for wishing to seduce him, and she became frigid in his fantasy, and turned to stone, so that he was able to have the desire but was frustrated by the impossibility of satisfaction in the act. From this fantasy had developed his tendency to attach himself to frigid women, as already explained. The importance of the dream at this particular moment was that it showed him moving towards rejection of the mother image. Now his attitude showed that he did not want to perpetuate the mother dependence, but would withdraw his libido so that she seemed unexciting like a stone. This rejection was determined by the ego rather than the superego. In the dream the ego was becoming adapted to the rejection of the mother as a sexual object. In other words, she turned to stone, as suggested by a previous fantasy, but now it was a more concrete possibility, and the rejection of the mother would lead to the patient finding another woman to love sexually.

He reported feeling in general much happier, that he had a good time at the Students' Ball to which he went as a 'debagged minister'. Asked if he saw the anal and sexual significance of a minister being de-bagged, he laughed and directly realized its appropriateness to his own anal complexes and castration wishes. He thought of a de-bagged minister as a man with moral pretensions, but who has had his anus exposed and also has been castrated by losing his bag or scrotum. The patient could not have chosen a more appropriate image for himself at this particular moment.

FAILURE TO EXTINGUISH THE SEXUAL FIRE

The patient brought a very interesting dream to his next session. He seemed to be in a road where he saw an attractive blonde with a man. She asked the patient why he was sweating, and he then noticed that he was wet with perspiration after spending an afternoon in the gymnasium doing exercises. These exercises included most especially a game of 'hand-ball' with a school friend. Then he went on to a Garage, where he tried to buy a single ice-cream cone from a man with a hand-cart, but the man tried to make him buy three or four cones. He insisted on a single cone, but did not get it. Then a much lower-class ice-cream vendor came along with another cart and nearly ran them down. It turned round the traffic island and then the first man and a whole series of motor cars started going round and round the island as if in a circus. More islands appeared and there was a general rushing about of streamlined cars. After this the scene changed to a hut in a field where a man was sitting with a well-known male film star who took rather coarse, rough-and-tumble parts. A big fire-engine drove up and stopped suddenly. It turned instantly into a diminutive milk-cart, which started pumping a pleasant fluid upon a large fire which was burning brightly. The milk-man used a hose with a nozzle. It was hopeless to put out the fire, and many more fires sprang up all about. The patient looked at the man in the shed and he responded with the words, 'Yes! I am Jimmy Dewar!'

Associations to the blonde reminded him of his former girl friend, Doreen, who had been married recently. Hand-ball made him think of masturbating, and sweating made him think of this too. The game of hand-ball, which produced so much sweat, or semen, was a fantasy of mutual masturbation with his school friend. He projected into the girl friend's speech the self-accusation, 'Why are you still masturbating and even taking an interest in homosexual ideas, when even I, Doreen, can be happily married?' He felt that he might be the man who was enjoying himself with the blonde.

The associations to ice-cream cone made him think of conic sections and their sexual meanings for him. He thought of squeezing the ice-cream out of the cone, like milk from a mother's breast, and also of putting his finger into it through the bottom, like putting his penis into the vulva at the bottom of her body. There was much resistance concerning the island, but eventually the motor cars reminded him of sperms circulating round in the archegonium of an *Alga*, like *Fucus*, which he had been studying in Botany recently, and trying to fertilize the ovum which was the island.

Finally, the film star who took rough parts became his father, and the hut his mother's body, which he was trying to share with him. The fire-engine was his sexual instinct, but it turned into a milk cart and then into a baby, and tried to put out the fire of genital sexuality by being a milk-sop and wet with urine. It met with no success, however, and the fire burned up all the more brightly for having urine poured upon it out of a nozzle or penis. More fires sprang up round about, and the film star announced his identity, which made him think that it was his rough father, or repressive, paternal super-ego, who prohibited his sexual development.

The dream fell into three parts: (*a*) Self-blame and discontent with masturbation; (*b*) Trying to get the masculine-feminine ice-cream cone, which combined the two sexes in the number offered, three or four, and to take part in procreation; (*c*) Stress of the failure to put out the sexual fire.

The dream was still very ambivalent. He insisted on a single ice-cream cone, namely onanism, masturbation, but the ice-cream father refused. This was a projection of his attitude that masturbation—and, of course, the unique and exclusive, or possessive relation to the mother's breast, in infancy—was unsatisfactory for him now. He refused the help of the analysis however, which was expressed in the attempt of the second ice-cream father, the analyst, to help him to take more than one cone. This was a projection of his resistance against the analysis. It is interesting that he thought the second vendor a man of lower class. This expressed his lurking idea that sexual love was a low-class, un-manly or perhaps immoral activity, an idea which was still present in the unconscious. In the dream he also felt dissatisfied that he could not do better with the blonde, like the analyst, who had a blonde wife whom he had seen. While the dream ended with his inability to resort to the level of infantility to put out the sexual fire by urinating, there was still the film star father offering his prohibitions in the hut. These ambivalences remained to be resolved by continued analysis.

THE PROBLEM OF THE LEFT ARM

There was an interval of two weeks because the patient had an attack of influenza at this stage in the treatment. To those who agree that liability to illnesses and infections may be increased by unconscious influences, this would be interesting. The critical point was just about to be reached, at which the patient would abandon his infantile or pre-genital fixations. At this point he fell a victim to an infection of the breathing organs, so significant for him, owing to the death of his mother from pneumonia, which prevented him from continuing the treatment for two weeks. Fortunately he returned when he was well again.

His next dream was of riding on the top of a bus, where he saw his uncle (father's sister's husband) opposite him. He noticed that the uncle had no clothes on the upper part of his body, and that his right arm was very shrunken and hanging limp. He asked, 'Is that what they did to you in the hospital?' The uncle said, 'No!' and pointed to his left arm, which was even more shrunken, and of which the fore-arm had been replaced by a bar of wood.

Associations to the uncle showed that he was regarded as being exactly the opposite of the patient himself in temperament, physique and appearance. Particularly, he was notoriously mean in money matters. The patient disliked him and his wife. He had lived with them after his mother's death for a short time. He associated this uncle with the idea of castration, and remembered asking his mother why the uncle and his wife had no children. She had replied that they could not have children, and he thought at the time that this meant his uncle was castrated or impotent.

The association to the right arm was to penis, and he thought the penis looked like an arm and rather repulsive. The left arm made him think again of castration, and of his own pains and cramp in the left arm and hand. The pains came just where his uncle's left arm in the dream was cut off and replaced by a wooden bar. He thought of tuberculosis and of a friend who had tuberculosis in the lung and in both arms, now almost cured, and who had his left arm still in a sling. He also thought of being in hospital himself, of having injections in the left arm, and of blood being drawn from it for the tests then applied to him. These were all very painful thoughts.

When asked about his daily life he said he was getting on very well, and explained that he was contemplating the idea of taking an External Degree at London University, with the intention of proceeding to a post-graduate degree later. He was getting on very well in general social life too, and had no more symptoms, except a little difficulty in sleeping. He had been very successful in the Botany class-work.

The dream meant that he was coming to regard the ideas of castration and sexual impotence as the opposites of his own qualities, just as his uncle's personality in the dream seemed the opposite of his own. The connections between pains in the left arm, tuberculosis and castration were quite clear to him. He agreed to the interpretation that the pains in the left arm expressed the desire for castration, now rapidly receding, and added that this was almost on the level of a conscious idea. His right arm was like the genital penis, and would be strong and free from the infantile inhibitions and castration fantasies which affected the left arm, and would also be the opposite of his uncle's right arm in the dream. Being on the top of a bus meant that he was going somewhere, and was rising above all his difficulties, that is to say, he was going on to the completion of the analysis, and was going to be the very opposite of his fantasy of the uncle he thought to be impotent. After this the pains in the left arm never troubled him again. It is very interesting to realize how many times these pains and the problem of the left arm came up in the analysis, and how long it was before they disappeared. Again it is clear that a treatment by hypnotic suggestion, for instance, which might have dispelled these pains, would not have dealt with the many threads of unconscious causation expressed in them. They were, in the usual psycho-analytic sense, strongly over-determined, and, like the fantasy of tuberculosis, formed a focus about which many unconscious problems revolved.

LEFT-HANDEDNESS

It would be interesting to interpose here a few speculative comments on left-handedness, which appears very much as if it is inherited as a Mendelian recessive, and might be sex-controlled to some extent or sex-linked in one of its forms, since it is more common in boys than girls. The problems of the inheritance of left-handedness and of laterality in general, however, are very much obscured by the extent to which these traits are influenced by environment, infantile fantasies and definite training, whereas it is relatively easy to follow out the inheritance of colour blindness, for example, once we have suitable tests, because it is relatively unaffected by environmental influences or training. To many left-handed infants their peculiarity must fit in with the castration fantasies which are extremely common or perhaps universal in both sexes. To be left-handed must be like being incapable with the right hand, like being castrated. Blame and insistence on using the right hand only intensifies the castration fears and make things worse. The child's difficulty in overcoming the castration fantasy must then be greater than ever, and some degree of neurosis might easily result. If the child has any other neurotic tendencies, the left-handedness will become a focus for them too. This is why some left-handed children seem to be specially obstinate and otherwise difficult, but of course, it is no reason why right-handed children should not also have their difficulties, just like the patient discussed in this book. Had he also been left-handed, however, one can imagine that his neurosis would have been greatly intensified and much more difficult to overcome, because then real peculiarity of handedness would have been present to reinforce the castration fantasies. Those left-handed children who do not develop neurosis centring about handedness, however, may overcompensate for the felt defect, and spend much of their energy in trying to prove to others that left-handedness is quite normal (which we do not deny, except in the sense of infrequency in the population) or even that it is better than right-handedness. Girls, to whom fantasies of castration are more distressing than to boys, because their infantile fears are supported by the lack of a penis, make more intense unconscious efforts to overcome these fears. When, in addition, a girl is left-handed, she may strive unconsciously to over-compensate for this peculiarity even more than would a left-handed boy, possibly overcoming it entirely, and that might be a reason why fewer girls are manifestly left-handed than boys, who can always show off the penis in various symbolical ways to prove their potency to their own satisfaction. The psychology of left-handedness and of laterality in general therefore has many possibilities which could never be solved by laboratory tests and statistics without the help of psycho-analysis.

WANDERING FROM HOME

Another very interesting dream at this time showed him wandering away from home trying to find out who he was, where he was going and what was his name. He met a policeman, found that he himself wore no trousers, only a pyjama jacket, and felt very embarrassed. He asked the policeman to do something about providing him with better clothes, but the policeman said it did not matter. Then the policeman turned into a sea captain, who went on board a ship, into a door and downstairs. He brought up two parcels—some 'French letters' in a cigarette box, and something else which the patient could not identify, possibly a toilet roll. The patient went away with these presents, one under each arm. Suddenly he remembered that he was really out to post a letter, and felt in his pocket, found six letters and opened them—all were empty. He woke up in a state of uncomfortable confusion, still wondering who and where he was, for a time.

Associations to 'policeman' were about a life-sized rubber policeman's figure in an amusement park at a holiday resort, which could be run down and knocked over in an electrically driven car. At the age of about eight he had taken great pleasure in running down and knocking over this rubber policeman repeatedly. The sea captain made him think of a neighbour, Mr. McArthur, a friendly but uneducated man, who was working out a philosophy of his own to put the world in order. He was a rather ineffective and unoriginal man, but very kind and helpful, and the patient had been talking to him recently. 'French letters' made him think of sexual intercourse. He had seen some of these contraceptives in a shop window recently, and felt the impulse to buy them, though he had no use for them at the time. 'Toilet roll' made him think of defaecation and of passing blood into the pan; of the blood being difficult to wash away, and drying hard, turning into mince on toast, and somebody eating it. Also it made him think of the vagina, and of putting his finger into it. He could not recall what the sea captain actually gave him.

'Six' made him think of his dislike of sixes and the difficulty in writing calculations when these figures occurred. The figure six seemed to be wrong whether he made it straight or curved. Then he thought of sex, and of six or sex being two threes or three twos. 'Two' made him think of the moon by clang association of the 'oo' sounds. It was a round full moon. Then the double o's appeared all round it in pairs, with lines between them, something like a complicated form of the famous egg and dart ornament in Greek architecture. He thought of mountains and craters, then of brassieres and of breasts, and finally of hollow breasts. 'Three' made him think of the three balls of the pawnbroker and of male sexual organs; then of the fungus *Penicillium*, which has three spore-bearing processes which he had been studying in Botany recently. This made him think of sex and of masturbation.

'Letter' made him think of seeing Mrs. Widowood on St. Valentine's Day, and saying to her that he would like to have sent her a Valentine, though he had refrained from so doing. Then it made him think of 'French letter' again and of sex, of never having had intercourse with Mrs. Widowood, although he had often wanted to in the past when he saw that she also had that desire. This also made him think of six letters, or 'sex' letters, and empty letters made him feel regretful that he had never completed the sexual act or experienced the orgasm adequately with a woman.

In general the interpretation given of this dream was that it showed him wandering away from home in an attempt to escape from the frustrations of childhood and from the prohibitions of the restrictive super-ego, to bring his own life to completion and to find his own individual aim, purpose and vocation. While out wandering he met the prohibitive father image in the shape of a policeman, and realized that he was himself naked, a revelation of his own sexual potency. He felt guilty and asked the father for help. The prohibitive father now became the father analyst and said it did not matter. This meant that in fact he had defeated the prohibitive super-ego with the help of the analysis, just as he delighted in repeatedly knocking down the rubber model of a policeman as a child in a seaside holiday resort. Again the significant age of eight came into the fantasies. It meant that he ate the father, at once destroying him and taking him into himself, the fantasy of oral incorporation now directed against the father instead of the mother as in earlier fantasies.

The father was then replaced appropriately by a sea captain who reminded him of a helpful but ineffective neighbour. The sea captain was the analyst, because he had insight, and could 'see' into the unconscious, and resistance and hostility were expressed in the unflattering comparison implied by the association to the ineffective philosopher friend. The idea of ineffectiveness however, was purely a projection of momentary resistance, because the sea captain immediately offered him both male and female organs, which he took as gifts. This may be interpreted by saying that the analyst, using the positive transference in the role of a beneficent father substitute, gave his approval, permission and encouragement for the patient to have a full and adequate sexual love for a woman.

However, there was still some frustration, because the patient failed to recognize the vagina, but interpreted it as a toilet roll, owing to the persistence of his anal-obsessional fixations. Even when the associations left no doubt in the mind of the analyst that the second present had been a vagina, the patient persisted that he could not remember what the sea captain had given him. Then he found that his purpose in wandering from home was to post a letter, that is to say, to complete the sexual act. This, however, suggested further inhibitions, because the letter was associated with 'French letter' and, at the phallic level, the use of a contraceptive suggests resistance against fecundation. He finds that he has six letters, or sex letters, and the idea of six combined many and interesting images of both male and female significance, such as the double o's, the full moon, the egg and dart ornament, mountains, craters, brassieres and breasts, the three balls, the sporangiophores of *Penicillium* and the male sexual organs. If the idea of the hollow breast could have been followed up in the associations, it would probably have been found to imply conflicts of weaning, and of the incapacity of the mother to satisfy him now that he no longer had the outlook of an infant. The famous egg and dart ornament represents copulation.

The six letters, however, were all empty when he found them in his pocket or scrotum, and they had no seminal fluid in them, another aspect of the frustrations, and the dream emphasized this point itself because it led towards the idea of not having had intercourse with the mother figure, Mrs. Widowood. He was regretful, however, at never having completed the sexual act with a woman, which suggested that he would strive to overcome the frustrations of the super-ego. He woke up at this critical point, in a confusion which was the product of conflict between the instinctual urges of the id and the prohibitions of the super-ego trying to make his ego overcome them. The instinctual urges were so strong that they almost broke through into dream consciousness in their true form and he was waked by their forcefulness. This dream led nearer to the level of adequate genital development than he had been before, in spite of its persisting features of frustration. As yet he was not quite capable of accepting his genital functions at their true value.

At this stage the patient was making a tremendous plunge towards genital adequacy. In consequence an important feature of this dream remained unanalysed. It is not possible to keep back a dominant tendency in the patient's mind at a given moment in order to deal with a point which is then of secondary interest, though it is quite possible to hold up a secondary tendency in order to pursue a dominant one, as with the early dream of wading in a pool half milk and half urine, which was discussed in earlier chapters. The unanalysed feature of the present dream of wandering from home was that of passing blood out of the anus and then eating it in the form of dried mince on toast. This feature suggested to the analyst the introjection of anal-oral aggression, and seemed to him to link up with the patient's earlier fantasies of internal injury and his frequent abdominal pains. If the anal-oral aggression of this dream had been analysed at the time, it might have saved him from very troublesome anxieties about a possible duodenal ulcer, which occurred much later, and will be discussed at the end of the chapter.

SEEKING GENITAL LOVE

The principal dream brought up at the next session was that he was walking along a street in a town where he had gone for a holiday, and there he met Doreen, his former girl friend, leaning over the railings with a man, and looking at the trains running past the gardens. They turned towards him, and he noticed that the girl was dressed with nothing but a towel round her waist. The man was trying to fondle her breasts, and she was very sun-tanned and sexually attractive. They tried to escape when they saw him, but the patient caught the girl by the arm and tried to make 'physical' love to her. The man asked him how he dared to treat a married woman in that way, but he replied with the same accusation. Then he got her away from him, took her to a shop and then to a cinema, the man following in a nebulous form behind. She did not resist his sexual advances.

Free associations were sparse. The man made him think that Mrs. Widowood had recently annoyed him by deciding to offer him no more hospitality or encouragement. He had thought there must be another man in whom she was interested, and he was probably right, but it made him jealous. Doreen made him think of the pleasurable side of 'physical' love, to use his own expression because it hints at the possibility of an unpleasant side, which is a projection of persisting unconscious resistances. Actually he had met Doreen in the same street not long before the dream, in company with her little sister, and she had told him that she was living with her husband. He was not attracted to her then in reality, but this event provided the stimulus for the dream. It was important that he was now able to tolerate the idea of the towel—a menstrual towel—round her waist, an idea which had distressed him intensely in a memory discussed previously.

He interpreted the dream as expressing his growing wish to break away from the maternal control of Mrs. Widowood, which implied escape from paternal control as well because he thought of her as being interested in another man, a father figure, and to seek a sexual partner of his own and of suitable age, such as Doreen. It was important that she had lost her frigidity and become sexually exciting in the dream, which expressed the positive side, but that she was now married and he had to contend with her husband, which was the negative side of the fantasy. He agreed that the masculine figure, who acted as if he were her husband, was his own prohibitive super-ego, trying to take away sexual love, while his ego was struggling to regain it. He was much more successful in doing this than in any dream before, since he took her away from the man, who became a mere shadow, and also was able to tolerate the idea of her sexual responsiveness to himself, expressed by his words that she did not resist his sexual advances. This was a big improvement on the previous dream, of wandering from home, in which he was trying to deliver empty sexual letters. In addition to the help given in the analysis, Mrs. Widowood's action had stimulated his opposition to the prohibitive super-ego, and helped him to free himself. In addition there were a number of minor dreams not analysed in detail.

At the next session he reported feeling very much better, and was anxious to find some serious work. He said he had been top in a Class Examination, and felt more confident of his ability to work than ever before since his breakdown began. He said he would not need to return to the consulting room for a fortnight, and this was agreed to, provided he would telephone the analyst to make an appointment to see him sooner if he became worried in any way. The analyst had been expecting this move on the patient's part and was hoping that it would not come too soon. The session was taken up with a pleasant talk about the patient's prospects for a scientific career and other more or less objective matters.

There was a very marked change in him at this time, and he gave the impression of confidence, happiness and purposiveness, which was an extreme contrast to his anxious, inhibited and worried appearance at the beginning of the treatment. It was evident that the treatment was almost at an end, and the analyst's main concern was that the patient might unconsciously try to shake himself free from the transference too forcefully, that he might get himself into difficulties by premature efforts to be independent. The next policy was therefore to try to hold the remainder of the transference firmly, but to allow the patient to free himself gradually so that it would taper off without a sudden break. It was not desirable to allow the patient to release himself like a shot from a gun, only to find that he was attached to the muzzle by an unbreakable chain, or by a chain which would snap and spoil his flight by a dislocating jerk. It was necessary that he should be allowed to balance himself gracefully on the spring-board before diving into freedom.

THE END OF THE ANALYSIS

At the next session, after the agreed period of a fortnight, he did not bring any dreams, but discussed the best courses for him to take at the University, and expressed a strong desire to be free to earn his own living as soon as possible. He emphasized again that he had been top in a class examination, and said that he wanted much more work to do, suggesting that he should join a potato 'rogueing' party for the summer in order to gain some fresh air and outdoor exercise. No definite advice was given, but he was encouraged to make up his own mind on these matters.

At the moment when he was about to make the next appointment, he asked if he might be allowed to discontinue the analysis because he felt extremely well and happy and did not wish to take up any more of the analyst's time. This was readily agreed to, on the understanding that he would return for a fresh consultation if he felt the need in any way, and that he would write to the analyst occasionally if he felt inclined and pay him a friendly call or telephone to him at any time if he wished, whether there was a special problem to discuss or not.

Later, in the autumn, the patient called for a chat, and explained that he had been very happy during the summer doing a most unexpected job, namely, that of buying cakes for a workshop canteen and generally acting as catering supervisor. He was feeling strong and well, and had decided to take a post-graduate degree following the Ordinary M.A. He went to a training college during the following winter, studying meantime at the University, and became a teacher for the time being. He was, in about three months, top of a science class of about 130 students, and rapidly came to show ability and originality in experimental work.

Three months later he started a series of experiments on his own initiative, and worked at these with so much energy and ability as to justify an official appointment to continue his researches. It is interesting that the effect of the analysis of his obsessional interest in mathematics and science was not, as many might fear, to destroy ability in these directions, but to give him a new originality and freedom of outlook. Analysis does not destroy intellectual and artistic interests, but gives them a new vigour. He was now able to sublimate successfully tendencies which had been previously locked up by obsessional inhibitions and repressed. Many people even of outstanding ability and gifts have feared and openly expressed the idea that analysis might undermine their genius and creative powers if they undertook it to deal with any neurotic difficulties which they may have had, but the present case shows what is always true, namely that there is no need at all for these fears. They are simply expressions of resistance prompted by the prohibitive super-ego, which forces the individual to cling to his inadequacies as if they were in some way an advantage to him. The individual's creative powers and originality exist before the analysis, they are held back by his unconscious conflicts and will manifest themselves effectively after the cure.

FINDING GENITAL LOVE

The patient came to see the analyst a number of times for friendly visits, and this was satisfactory because it allowed the transference to taper off and convert itself into a normal friendship. About nine months after the end of the treatment he was introduced to an attractive girl called Barbara, and an attachment quickly developed between them and became permanent after a few weeks. The patient came one day to tell the analyst about her, and in so doing he revealed that she reminded him of his mother very strongly. However completely analysis may be carried out, we never radically change the structure of the personality, and, in the end, it is always a representative of the mother with whom the son, and of the father with whom the daughter falls most deeply in love. Analysis makes this possible, and enables the individual to build an adequate daily life upon the basis of his fundamental images, instead of being overcome or frustrated by the resistances set up by guilt and anxiety.

At this point it is interesting to note that before coming to know Barbara the patient had introduced his analyst to another girl, whose name was Irene. He pointed out that this name was significant for him, because it rhymed with that of his former girl friend, Doreen. It is well known that similarities of names may lead to a transference of emotions. One girl fell in love with a man called Leslie, while her mother's Christian name was Lesley. This was a complicated story, but her mother was a partially masculine figure to her, and bore a feminine version of a boy's name, which was probably given her because her parents had hoped for a son, and when a daughter came they had given her the nearest name to that which was intended for the boy. Later, when her own daughter fell in love with a man called Leslie, this was the unconscious choice of a somewhat effeminate man who bore the masculine version of her mother's name. When the writer met Irene he had been interested to observe that she strongly resembled Barbara, whom he knew before the patient met her. He wondered at the time whether the patient might be interested in Barbara, but of course, did not say anything. Evidently both girls were possible mother images for the patient, and Barbara was the more successful. Irene had already dropped out of the picture when Barbara met the patient. Indirectly it is known that Irene was subject to what would be called hysterical inhibitions. Every time she came to the point of a possible permanent attachment to a man, the prohibited father figure, she fell in love with someone else, only to repeat the process until disillusionment and the avoidance of men saved her from the continued disturbing effects of this repetition compulsion.

When the patient came to the analyst to speak of Barbara, he was actuated by unconscious need for permission from the father-analyst to be the mother's lover. This was, of course, freely given, in the form of an expression of interest, sympathy and encouragement, and by discussion with him of the similarities between Barbara, Irene and his mother. In this the positive transference to the analyst worked to his advantage, just as the negative transference to his father had worked to his disadvantage when set up by his re-marriage at the beginning of the patient's illness. The mother's death had been a profound loss, but one which could be overcome by normal mourning, with the help of the positive transference to his father. When his father had re-married this help was withdrawn, because the re-marriage was like a desertion by the father, and the result was a regression mainly to the late anal or obsessional pattern linked in his unconscious with the homosexual father-attachment. Now, metaphorically, it was possible for the father-analyst to give permission for him to be the mother's lover. The analyst also retained a large enough part of the positive father-transference to form a stable background for the patient in his future life.

Occasional contacts continued over a period of several years, and the transference tapered off gradually. In one or two friendly talks it was noticed that the patient had almost completely forgotten the deeper oral and anal fantasies which had occupied so much of the time of the analysis. It is probably normal that this lapse of memory should occur, except where a person takes up analysis for himself and needs to retain free contact with his own unconscious for professional purposes. It is well known that then he may find it necessary to re-submit himself to personal analysis occasionally in order to be sure of retaining that contact.

THE DUODENAL ULCER FANTASY

The patient continued his work very well, and read several papers at scientific meetings, though for some time after the end of the analysis he often felt anxious about what he thought to be the insufficiency of his rate of output. This was the reaction to an anal inhibition, and he was still at times somewhat frustrated by other obsessional attitudes to his work, that is to say, feelings of compulsion to do it, coupled with a difficulty in being satisfied with the result, so that he could not bring it to completion or had difficulty in completing it, and sometimes spent much time in making adjustments and improvements and ran the risk of spoiling what he was doing before he could finish it. As every analyst knows, attitudes of this kind to work are always based on an essentially obsessional background in the personality, but they form part of the normal thoroughness with which many or most healthy-minded people carry out their duty, and they become abnormal or pathological only when they are so ill-adapted as to interfere with that duty. In this patient, unless the whole background of the analysis had been known, and its bearing on his subsequent attitudes understood, we should have thought simply that he was now being excessively thorough and painstaking to a fault. Later he continued to be very conscientious and persevering over his work, but lost the inhibitions and became very quick and efficient.

An interesting development occurred when he began to suffer from dyspepsia and became convinced that he had a duodenal ulcer. It will be remembered that his dreams and symptoms had made this seem a possibility at a much earlier stage, though no definite evidence of an ulcer was ever found.

Rather less than two years after the end of the analysis he was so distressed by persistent indigestion and fears of a duodenal ulcer that he was given an X-ray examination. The result was definitely negative. It must be said that his home conditions were very difficult, because his relations with his step-mother were still strained, and he took most of his meals in eating houses, and it is well known that such meals are much less satisfying than meals served by somebody one cares for and in the quiet and friendly atmosphere of a normal home. He was also straining hard at his work. It is now fully realized that unsatisfying meals and an excessive effort at work are often contributory causes of duodenal ulcer formation. The patient's obsessional tendencies also accorded well with the kind of personality known to be liable to duodenal ulcers. Both the oral inhibitions which express themselves in hurried and inadequate meals, and the anal inhibitions which express themselves in over-intense work, however, are products of the deeper unconscious stresses of the personality, and some of these deeper causes were revealed in a further analytic interview to which he came.

To this interview he brought a dream that he was in a hospital where he told a nurse that he wanted some bodies. She said he could get them out of the lift, and when it came up there were four female bodies in it, without heads, arms or legs. He looked at one, and it was that of a child. He said, 'That's no good,' feeling meantime strong sexual urges. Another was that of an old woman, and he said, 'That's no good either, because it has no breasts!' Then he saw that all the bodies were sliced into small cubes and realized that he would need to reconstruct them. He looked at the remaining two, which were the middle ones in the row, and saw that they had now become invisible. At this point he woke up.

This dream was interpreted to him directly, because it would not have been possible, after such a long time, to reinstate in a single interview the transference situation in which free associations had taken place before, and also because he was now so familiar with analytic ideas as to be able to grasp the significance of the interpretation without filling in all the associative links as proofs of the unconscious meanings.

The dream expressed the inhibition of sexual pleasure for the ego by aggressive impulses manipulated by the super-ego. He was seeking sexual pleasure with the females, who were counterparts of the nurse-mother, and it will be remembered that his own mother was a professional nurse as well as a nurse to him, as we found in discussing an earlier dream. There were four such bodies, which was a feminine number, just as there were four nurses in the earlier dream. The two outside ones, that is to say, the external aspects of feminine attractiveness, had been made repulsive, 'no good', because they had no breasts, a fundamental feature of motherliness. Resistance, following guilt and latent aggressive impulses, ultimately having their source in the infantile fantasies of oral aggression, had transformed their appearance into inadequate forms. The inner pair, namely the deeper pleasures of internal origin in genital love, had for similar causes become invisible and were blocked to view. Thus sexual pleasure was repressed. All four of the female bodies were also mutilated, being without heads, arms or legs, and they were also cut into small cubes. These were further results of infantile oral aggression. Finally he felt the need to reconstruct them, that is to say, he wanted to make restitution in order to annul the frustrating effect of infantile oral aggressive impulses in the sexual act, and in the pleasure of eating, which made him want to eat hurriedly alone and gave him indigestion. To achieve this change he had come back for a further interview.

He accepted these interpretations and was greatly relieved by the discussion. He explained that he was often conscious of a fear of injuring Barbara when they made love, and when, at her bidding, he strove to forget this fear, he was not happy about it. He was reminded of earlier dreams in which there was much evidence of the effects of fear of injuring the mother by oral aggression, and of linkages between this and anal and phallic aggression, and with the projected fear that the father's penis would cut him open like a road drill. These fears were re-excited by the relationship with Barbara, and, in an effort to deal with them, were re-introjected and led to the habit of eating hurried and furtive meals, generally alone, and of putting off meals for as long as possible to prove that he could work without eating if necessary. This introjection led to the fear and even apparent symptoms of a duodenal ulcer, which included anal anxieties that his 'insides' might be destroyed and rot away, and also fears that his own body would have to be cut up in hospital in an operation as a punishment for seeking sexual pleasure.

This interview led to a better relationship with Barbara, and the ulcer fantasy was completely dispelled and he was able to eat less hurriedly and without a furtive sense of guilt. He lost the difficulties with his work entirely, and became able to concentrate upon it freely and without anxiety. At this point we draw a veil over the analysis of the past and leave him to lead a normal life in the future.

CHAPTER X

CONCLUDING DISCUSSIONS

THIS chapter will be devoted to a review of the details of the case which has been described and to a discussion of various general problems. Before giving the summary of the case, however, it will be interesting to make a few observations about the methods of psycho-therapy and to show how the method used here fits in with this general scheme.

METHODS OF PSYCHO-THERAPY

Excluding all methods based on physical forms of treatment, we may say that there are two general approaches to psychotherapy, the analytic and the non-analytic. Non-analytic methods include: (1) Adaptation of the environment so that the patient is more able to deal with it within the limits of his capacity; (2) Re-education of the patient so that he acquires a better adaptation; (3) Moral guidance carried out in such a way that it supports the patient's ego and makes him feel stronger and more confident; (4) Religious guidance, sometimes involving the conversion phenomena and faith-healing which have been described by many writers; (5) Suggestion therapy, which is based on using techniques to influence the patient in a more unconscious way than moral guidance; (6) The use of hypnosis as a method for helping the patient to overcome his symptoms, essentially by reinforcing his repressions; (7) Jungian analysis, which, though called 'analysis', is generally viewed as an essentially synthetic method; (8) Client-centred therapy, in which the therapist gives the patient insight by 'reflecting' his emotions to him without interpreting them in the Jungian or Freudian ways.

Analytic methods may be said to include the following: (1) The recovery of painful memories of specific incidents, with or without abreaction or vigorous discharges of pent-up emotion; (2) Play therapy or the acting out of conflicts, which is widely used in child guidance, with or without interpretation of the meanings of these conflicts; (3) Analysis of dreams, fantasies and everyday incidents, including analysis of the transference. The use of analysis of the transference is usually regarded as the distinguishing mark of Freudian psychoanalysis in the narrower sense.

These analytic methods attempt to attack the deeper causes which are at work in the unconscious, and they depend essentially on bringing into consciousness those memories and fantasies which have been repressed or dissociated at various levels and integrating them into the conscious personality. Analytic and non-analytic methods have all been used extensively and are employed in various ways, sometimes together and sometimes apart, by different therapists.

Hypnotism and the use of narcotic drugs may be of assistance in the recovery of recently repressed traumatic memories. From the layman's point of view the recovery of such memories, with or without hypnotism or drugs, is the most understandable therapy. This is because it deals with painful incidents which are on the ordinary adult level of experience. For example, a man who had been an Air Raid Warden in a town when it was badly bombed, several years before, came for treatment of an anxiety-hysteria of apparently recent origin and for which there was no very clear cause. After a few sessions devoted to a discussion of his past experiences, he recalled an event which occurred when he was a Warden. He had been standing guard all night over a collection of dismembered human bodies which he had hauled out of a damaged Air Raid Shelter and laid out on the pavement after a raid. At the time it had not seemed distressing. Emotion had been repressed and the event had been forgotten. His symptoms cleared up after sympathetic discussion of this memory and its emotional implications.

From the analytic point of view there is always the difficulty that these recent causal experiences have usually been precipitating rather than original causes. In this case, although the revival of the repressed memories of the midnight vigil over the dismembered bodies relieved the symptoms, the patient was left with deep unconscious difficulties, and the possibility that a similar event occurring again would have a similar effect, unless the infantile causes which were the real origins could be brought into adult consciousness. In the superficial method we do not produce any profound alteration in the personality as a whole, or reveal in detail the effects of the original painful conflicts as they ramify widely throughout his unconscious.

There is the interesting point that unless the recent events described as traumatic can be verified, the question whether they existed as real incidents in the patient's past life cannot be answered definitely. Often the answer to this question becomes unimportant. It is important that we should analyse and interpret fantasies rather than real incidents, and the fantasy implications of real incidents are the only aspects of interest for analysis. This method therefore leads naturally towards the method of fantasy and dream analysis mentioned below.

The method likely to appeal next in order to the layman is that of abreaction or catharsis of repressed emotions. Unfortunately the pent-up emotions may be like the hot water in periodic springs, which accumulates at regular intervals and can be made to discharge an unlimited number of times unless the deeper causes can be found and revealed. The method of abreaction has therefore fallen into discredit to a great extent, like that of hypnotic suggestion to remove symptoms.

The method of dream and transference analysis has been described in this book. The patient produced a vast number of very revealing dreams and was able to do free associations to them easily and productively. The process of interpretation consisted in gathering together all the fragments of unconscious material revealed in this way and fitting them into patterns which the patient could understand and apply to his own life step by step as the treatment proceeded. The process also involved the working out of the implications of these unconscious patterns in every part of his life, and this was done stage by stage. The repressed fantasies are brought back into consciousness, and the emotional tensions associated with them are relieved little by little, in amounts which can be tolerated by the ego, so that it accepts the instinctual urges which underly them and integrates these forces into itself. Then it ceases to need to defend itself against these urges by the neurosis and its symptoms. It steadily gathers strength owing to the release from tension which proceeds during the analysis. The facts that the patient was so productive and that dreams are the best road we have into the unconscious, made this case very interesting and enabled us to use it to illustrate many theoretical aspects of analysis.

Where a patient has few dreams or none at all, we analyse early memories and traumatic incidents, the transference and recent events in daily life which dramatize his unconscious conflicts. These memories, incidents and the daily experiences as an adult are often just as useful as dreams, provided we are skilful enough to employ them as stepping-stones into the unconscious. Where he has great difficulty in free association the analyst must associate for him, and follow up and interpret those associations which strike home by producing some sort of emotional reaction, either of resistance or acceptance. In this sort of treatment the transference is the means of creating a world within which the dreams and associations may be brought out and dealt with to reveal the unconscious conflicts to the patient, until he becomes capable of independent action, dislodges himself from the analyst and goes his own way. Analysis of the transference is specially important because it resolves certain resistances, some of which would otherwise bring the treatment to an end, and because it confronts the patient with the effects of his early infantile fantasies and conflicts in a particularly concrete and convincing way in his relations with the analyst.

REVIEW OF THE CASE

The patient was a Scottish science student, aged 20 years, who was at the time of his breakdown working on scientific problems during the war, in England. His mother died suddenly, and when his father re-married, he became ill of an obsessional and phobic neurosis. He was unable to concentrate on his work and suffered from pains in the left breast and arm, and fears of tuberculosis in the lung. He was obsessed with the need to put objects of all kinds in excessively neat and tidy order, and was troubled with compulsive masturbation, especially when doing mathematics. He was forced to give up his work, and came for analysis after an exhaustive examination for physical illnesses, which was entirely negative.

He was treated by dream analysis and free associations, during about eighty sessions, spread over eighteen months. In the first place it was noticed that he was a little schizoid, and the opinion of an experienced psychiatrist was taken in order to be confident that this would not be likely to prevent the success of the treatment. The opinion was favourable to analysis.

A strong positive transference was readily established, and a vast number of dreams were brought for analysis, of which many are recorded in this book. At first the patient produced many dreams and associated ideas which revealed the Oedipus complex, and showed that he had been attached to his mother by sexual fantasies at a very early age, which brought him into conflict with his father. These sexual fantasies were expressed in the form of mathematical symbols, especially cones and conic sections, and the integral calculus. The cones and conic sections all represented sexual parts of the mother's body, while the integral calculus expressed sexual union with her, and the integral sign both male and female sexual organs. Integrating through a lemniscate, a figure something like two pears joined at the points, meant intercourse with the mother, and this sort of fantasy made mathematics sexually stimulating for him. The differential calculus meant separating the parents. Homosexual fantasies were frequent, and appeared at several stages of the analysis.

There followed the analysis of his projection of the mother fixation upon a girl friend, Doreen. She was a frigid but physically attractive girl, who suffered from tuberculosis, of which the patient was afraid for himself. His attraction to her was an unconsciously imposed frustration, which duplicated the frustrations of the Oedipus and deeper conflicts. This phase of the analysis led to the revelation of fantasies of anal and then of oral origin. Thus there was a steady plunge into the deeper levels of the unconscious until the early oral level was touched, and the significance of this level of fixations accorded with his schizoid tendencies.

Fantasies originating in the late oral level showed the use of teeth and incorporation of the mother's body, especially her breasts, and fears of injuring her and drawing blood, and of retaliation by her and by the father. Early oral fantasies, centred upon the octopus and jelly-fish, were mainly of sucking and swallowing or being swallowed, and were the fundamental themes in the patient's unconscious. It was clear that a level had been touched upon, at which it was impossible for the infant to distinguish between his own and his mother's body, and at which his own oral love for her seemed to absorb her and to endanger his dependence upon her.

Many early anal fantasies were analysed, in which floods of muck and green urine dominated the picture, and they were frequently combined with infantile oral and phallic ideas. The main centres of fixation and character formation in the patient were in the early oral and late anal levels, and they set up on the one hand schizoid, and on the other hand obsessional tendencies, of which the latter predominated in the neurosis.

The patient discovered that his illness had been produced by the excitation of the infantile fantasy that he had caused his own mother's disappearance (in death) by the very acts of loving her and sucking her body. The anxieties and obsessional ideas and inhibitions from which he suffered were the expression of infantile fantasies re-excited by the regression which was arrested mainly at the late anal and phallic levels, and were ineffective repetitions of infantile attempts to put his world in order, and to ward off the profounder dangers of oral origin.

After this stage of the treatment there was a steady movement towards higher level fantasies again. Phallic and anal dreams returned and were analysed, together with the problems of sexual inhibition and of the Oedipus complex. These points are reported in detail, and give numerous examples of dream analysis and of the gradual and almost imperceptible changes which took place in the dreams until the end of the treatment. The analysis of phallic dreams led to an interesting attachment to a woman about thirteen years older than the patient, who was a neighbour and friend of his, and with whom he fell in love, and to a complementary negative transference to his stepmother, whom he hated. Analysis of the fantasies expressed in these relationships led to a steady change in his attitude to women, whom he had previously regarded in accordance with the inversion of his own early oral fixations, as dangerous creatures who sucked the vitality out of men. He began to be able to think of combining sexual excitation with tenderness, and at the same time became calmer, slept better and felt a renewed interest in his work.

There was a slight and temporary set-back when he visited the place in England where his breakdown had occurred, and his return to the University to complete his degree led to a more marked regression to the obsessional state again. This in turn led to further treatment and especially to analysis of the transference, which is described in detail. In due course he was successful at the University and proceeded to the development of a mature genital attitude. He failed in his unconscious and infantile attempts to extinguish the sexual instinct in himself, and accepted it and built it into his mature personality.

Then he voluntarily terminated the analysis, and showed that he could conduct his affairs without further help, except for one isolated session in which the fears of a duodenal ulcer were interpreted. He kept in touch with the analyst, and visited him for friendly talks from time to time. He fell in love with an attractive girl who was not sexually inhibited, and made a permanent and happy attachment to her, conscious of the fact that she reminded him of his mother. He continued his scientific work and became a most successful member of a research staff.

THE EARLY ORIGINS OF THE SUPER-EGO

It seems reasonable to assume that the ego develops with the advent of consciousness, and this may begin even before, and certainly has begun almost immediately after birth. The clinical data of the case presented here show that the super-ego, both in its beneficent and its prohibitive aspects, had been established soon after the age of about eight months. It is unwise to generalize freely from a single case, but the analysis of other adults and the treatment of children, as well as careful observations upon normal infants met with in everyday life, support the following ideas.

The analysis took us as far back as the final stages of the early oral phase, before eight months of age, and we have our first insight into the patient's life when he is found tearing himself away from the mother's body in fantasy, and still confusing it with his own. Soon follows the age at which he has his first teeth and can use them in an aggressive way. At eight months he would have about eight teeth. Eight months, eight teeth and the pun on 'ate', frequently appear in significant ways in his dreams and associations. He used the teeth to try to eat the mother and at the same time to tear himself free from her. He sought release from the identification with her body characteristic of the early oral phase, a phase in which, as explained before, the fundamental fear is of losing her love by swallowing her, and it is a pre-ambivalent and narcissistic phase. This might be called the 'schizoid' pattern, and it gives place, with the transitions to the late oral and early anal phases of infantile development, in turn to the 'melancholic' and the 'paranoid' patterns mentioned below. There are two possibilities before the infantile ego at this level, and much depends on their degree of combination, and on whether one predominates. The ego may face the danger of swallowing the mother in oral pleasure seeking, or it may recoil under the influence of fear, withdraw the libido investment and relinquish reality contacts at the same time, and transfer pleasure seeking to infantile fantasy interests in substitute. It is the latter course which leads to schizoid tendencies and to schizophrenia, and frustrations and privations at the breast may reinforce these tendencies.

When the first teeth begin to be used the infant gains the aggression necessary to free himself, and also to retaliate for the frustrations he may have received before, but in using it he runs the risk or fear of wounding and injuring his mother. He is still identified with her, however, and every fear of injury to her is at first also a fear of self-injury. As the early passes into the late oral phase, and he becomes more free from her, these fears of injuring her by his own aggression change into fears of retaliation by the mother herself, and it is well known that such fears are sometimes reinforced by real punishments and threats by the mother for biting the nipple. There is a transition from identification to introjection and projection as the infant becomes more and more conscious of separation from the mother.

We find the present patient before the age of about eight months showing a confusion of fantasies of identification with the mother, of swallowing her and losing her, of tearing himself free; then of biting and injuring her and of being injured in the process as if in retaliation. The biting fantasies are introjected and there is a transition from the schizoid to the melancholic pattern of thought and feeling. If melancholic patterns are to be viewed as due to the introjection of late oral aggression, then manic patterns are reactions of the ego against the fear of being overwhelmed in this way. It is of great interest that the patient absented himself from a session early in the treatment to have one of his incisors extracted. In the analysis his available energy had increased and such melancholic tendencies as he had were likely to be reversed into manic forms. He became afraid of biting the analyst, who was a mother substitute in the transference at that time. He had the tooth extracted instead of coming for analysis. Later in the treatment he was troubled with a nightmare that his incisors were green and rotten and that he pulled them out with his fingers. This was at a stage when he was beginning to struggle against the dependence on the analyst. He was afraid of using his incisors in an aggressive way in his efforts to be free, and pulled them out instead. These experiences with his incisors were interpreted as castration fantasies at the time of the analysis, but they were both of deeper infantile origin and were characteristic expressions of the transition between the schizoid and melancholic infantile positions.

Many fantasies reveal the early anal phase, in which he is afraid of flooding, swamping and destroying his mother and father with excreta which are mainly liquid, and there is the paranoid danger that his body products are animate and will destroy the world he lives in and strike back, castrate and overwhelm him. The mechanism of projection operates predominatly at this stage, and is the characteristic pattern of paranoid illnesses in later life. There is much ambivalence about the excreta, which are sometimes invested with libido and sometimes with aggression. Paranoia is characteristically homosexual, and at this stage we find the patient struggling with the fantasies of castration, of femininity and of homosexual attitudes, chiefly passive, both to the father and to the mother.

After this we see him in the more familiar world of late anal fantasies and the problems of orderliness, cleanliness and tidiness, again highly ambivalent. Urethral fantasies of competition with the father over urinating follow, and then many phallic fantasies of inhibited genital sexuality. These have all been liberally illustrated and their general nature is sufficiently well known for them to be passed over without further discussion here.

The present case may be said to be of special interest because it gives evidence of the steps of the early formation of the super-ego—identification in the early oral phase; introjection in the late oral phase; and projection in the early anal phase. After this the infant passes into the world of neurotic conflicts within which the super-ego system is modified, expanded and developed. Nevertheless, the obsessions and compulsions, anxieties and hysterias, which depend on the neurotic conflicts of late anal and phallic levels, are based on the previous establishment of the super-ego mechanisms. It is seldom or perhaps never, that we meet with a neurotic patient in whom there are no traces of essentially psychotic symptoms originating from earlier levels, which complicate the neurosis to a greater or lesser degree. In this discussion the psychological aspects of these problems have been analysed. It is possible, however, that other factors, such as heredity, may enter to some extent in addition in the aetiology of the schizophrenic, manic-depressive and paranoid psychoses.

It is clear that the three great phases or levels of infantile development and their subdivisions cannot often be clearly separate, but must overlap extensively in the lives of most infants. Sucking can be aggressive and early oral aggression may precede teething. An infant can feel the need to bite with the gums before there are teeth. Also the date of appearance of the first teeth is variable and we know little or nothing about the relationship between this variability and variations in the fantasy life of infants, their subsequent liabilities to mental and nervous disorders and their personality and character types. For instance a dentist told the writer about an infant born with two of his incisors, which were extracted at once because he bit the nipple and the mother could not feed him at the breast. Other similar cases have been reported, but nothing is known of the emotional effects of such tooth extractions on the infants then or in later life. Since anal and phallic activities go on at the same ages as early and late oral activities, it is not surprising that there are combinations between schizoid, melancholic, paranoid, obsessional and hysterical tendencies other than those caused by two or more independent libido fixations.

PSYCHO-ANALYSIS AS A CLINICAL METHOD

As a clinical technique for treating patients psycho-analysis is without rival in many cases, such as that dealt with in the previous chapters. It depends, however, on their having the time to devote to it, and usually on being able to pay, because treatment of this kind for which the patient does not pay is quite likely to be ineffective in some manner or degree. It also depends on the absence of psychotic traits, especially schizoid tendencies, of such a degree and kind as to cause risk of a 'mental' rather than a 'nervous' breakdown, and, of course, on the absence of true physical causes of illness which might make it futile. On the other hand, many physical illnesses, such as colds, coughs, rheumatism, indigestion and even serious illnesses such as tuberculosis, are much influenced by the patient's psychological conflicts, and then its judicious application may result in very definite improvement, especially if coupled with appropriate physical treatment. Every person's physical health is improved if his unconscious mental conflicts are reduced in intensity.

A great difficulty in the way of psycho-analysis is the fact that many patients have arrived at a balance between their neurotic pains and pleasures, such that, however much they complain and often however much they seek treatment, they do not really want to be well. With these psycho-analysis is apt to be an unrewarding struggle for the most part, though one never knows when a change to a more hopeful state of affairs may come about, or when circumstances in the patient's life may alter in such a way as to make him discontented with his frustrations and therefore more prepared to face the steps involved in analysis. Certain patients, such as homosexuals and alcoholics, however, are well known to be specially resistant, but this is not in any way to be taken as evidence that their conditions might be due to hereditary and physical causes alone. Homosexuals are not drawn from the very small group of true physical inter-sexes, but are people who have developed a psychological mask simulating the opposite sex in appearance and impulse as well as in thought and feeling. There is no evidence of an hereditary alcoholic tendency in human beings which makes it inevitable that some people will succumb to alcoholism. With better understanding and improved techniques, these and other resistant patients, and also psychotics, might be handled more successfully by analytic methods.

Even with certain types of patient, however, who cannot afford the time and money necessary for adequate analysis, often much help may be given by using psycho-analytic insight to their advantage, and thus piloting them into a happier state of mind and body. With psychotics, too, who cannot be analysed in the ordinary way, great advantage may be gained by meeting them insightfully in terms of their own fantasies, and with fewer prohibitions and demands that they should be 'reasonable'. A moderately schizophrenic woman patient was treated for about eight years, and steady and marked improvement was produced. The treatment met her with the insight given by psycho-analysis, although actual analysis of her dreams and fantasies would certainly have caused regression. In this case there was no hope of a complete cure, but towards the end of the treatment she became much more independent and bought herself a new and attractive set of false teeth, which no doubt symbolized a belated transition towards maturity. Every psychiatrist who has this insight knows that it changes his whole approach to psychotic patients, and is as much to his own as to their benefit.

THE THERAPEUTIC FUNCTION OF ANALYSIS

At this point it will be helpful to draw together certain threads which have been running through the book, and in this way to explain the psychological process by which analytic therapy takes place. According to the view taken here, abnormalities of personality and of social life all arise because of the existence at an early age, and the perpetuation into adulthood, of certain kinds of relationships made by the infant and child to parents and parent-figures. These relationships are highly complex, as will be apparent from the analysis of many of them in the treatment described in the foregoing chapters. Each individual, however, differs from every other, and, while psycho-analysis brings out some broad generalizations of human psychology, it serves even more to stress the fact that no two persons are exactly alike. Any other case, therefore, would give a different picture, also unique, when analysed, though this case can serve to illuminate the whole subject of analysis.

It is also true, paradoxically, that all normal aspects of personality and of social life also arise, like abnormal aspects, through the existence and perpetuation of certain relationships made by the infant and child to parents and others in early days. The differences between normal and abnormal development may be summarized by saying that in normal development these relationships are helpful, constructive and beneficent, for the individual and society, while in abnormal development they are frustrating, inhibitory and destructive. Most persons grow up with a very complex mixture of these relationships, depending on fixations, introjections, projections and transferences, which affect their feelings and attitudes to those about them in many and varied ways, and which also determine their attitudes to social institutions, to tradition and culture. In this way they adapt themselves, sometimes more and sometimes less successfully to the social world about them, to its material and ceremonial culture, its thought, aims and standards. There is set up in this manner an elaborate interaction between individuals and social groups, which in the beginning actually produced our culture patterns, if a beginning can be found, and is responsible for the many creative changes which they undergo in the course of history.

In psycho-analytic therapy the patient projects upon the analyst many of the attitudes and emotions established in infancy and childhood towards parents and others. Necessarily some of these are of the inhibitory and frustrating kinds, while others are helpful and beneficent. However coldly and distantly the analysis is conducted, and however completely the transference itself is analysed and interpreted, we are still left in principle at least with a social relationship between patient and analyst, which is based ultimately upon the fundamental biological and psychological contact between parent and child, and on the social instincts themselves. If we insist, as many analysts feel bound to do as a requirement of science, that absolutely every aspect of the transference must be analysed and finally analysed away (if possible), and we refuse to play any of the parts of the patient's beneficent parent-figures, then we shall make analysis inapplicable to all those whose basic relationships with early parent-figures were too unstable to be treated in this way. Such patients will either be classed as unsuitable for analysis, break off the treatment themselves and be considered unable to co-operate, develop essentially psychotic symptoms or possibly psychosomatic illnesses which make the continuance of the analysis impracticable, or they will continue it, suffering masochistically without becoming well. Analysis must take a wider view if it is to be of any help to such patients.

In the therapeutic process the analyst identifies himself with the patient's ego and creates an atmosphere and environment in which the patient has that rare opportunity which we all need so much, namely, to re-live the past of infancy and childhood, but this time with a new parent-figure who has all the tolerance, understanding and capacity to interpret conflicts without becoming involved in them, which our real parents frequently lacked, though without any fault of their own. Analysis is completely different from the popular idea of surgery, according to which the surgeon's task is merely to cut out the 'bad' part. This is a misunderstanding of surgery, because the surgeon's real function is to make skilful re-adjustments which enable the living tissues to heal themselves. Similarly the disruptive aspects of analysis are merely incidental steps or preliminaries, and the analyst's real interest is concentrated on the patient's capacity to heal himself after delicate adjustments have provided the opportunity. It is therefore fundamentally synthetic rather than analytic. All neurotics and many people with mild psychotic conditions have latent capacities for healing themselves, and the analyst's function is to enable healing to take place.

In the analysis emphasis is placed upon re-adjustment based on a new integration of past and present. Freud himself said that where the patient talks of the past the analyst speaks of the present, and where the patient speaks of the present the analyst talks of the past. Those analysts who have tried to make analysis more strictly an approach to the present, the 'here and how' approach, are carrying out essentially the same kind of treatment. The present could not be handled in analysis unless it were understood in terms of the past, just as a thorough grasp of the past is necessary to our understanding of the many and complex stresses and strains, and of the structural formations of the earth's crust today. To many this may seem an unfortunately static analogy, but it is equally true that the present dynamics of social and political life cannot be understood without considering history. Nevertheless the effects of the past, both in history and in geology, act 'here and now' in present crises and re-adjustments. Similarly in psycho-analysis, whether we employ dreams or transferences, our interpretations of the past are aimed at a better understanding of the present living person before us. Indeed, what is called the past exists now and still influences the patient by the formation of symptoms, only because its effects continue in the present, though repressed.

The teacher and the analyst are working in different ways. The analyst does not teach, and the teacher does not ask his pupils to re-construct the past and to apply it to the present in order to achieve a new and more harmonious adaptation. The teacher certainly uses the positive transference, and unfortunately the pressure of punishment which is not used by the analyst. He persuades his pupils to gain new techniques, verbal and otherwise, which may be useful to them, irrespective of the past. The pupil who has neurotic difficulties which prevent him from gaining such new techniques is almost inaccessible by educational methods alone, though teaching as well as analysis may be necessary to help him effectively.

WIDER IMPLICATIONS OF PSYCHO-ANALYSIS

In conclusion, once the insight of psycho-analysis has been gained there is no doubt that it illuminates many problems. It enables us to sympathize with other people's difficulties without criticizing them or suffering from a compulsion to plunge in, even though unavailingly, to try to put things right. We are therefore actually more practical, tolerant and constructively helpful without dominating or moralizing uselessly. It enables us to see more clearly that some works of art, plays and social activities are motivated by an undue wish to display unconscious conflicts without being able to resolve them. We realize that a man may have neurotic or psychotic tendencies but still be a good artist and an estimable person, and we can see that his qualities are not due to his abnormalities, as sometimes appears. We are able to grasp the obstacles placed unconsciously in the way of certain hoped-for social reforms, and thus we become less fanatical in our reformative tendencies, more effective, and less liable to be disappointed with the slow rate of progress. It makes us realize that moral and aesthetic ideas and practices are bound to change, and to vary from one individual and from one community to another, because they depend on the personalities of the individuals concerned and on the qualities of the social settings in which they are found. We could see, for instance, that it is just as good a cultural achievement to go without clothes in one society as to wear them in another. Psycho-analysis enables us to sympathize with criminals without condoning their deeds; not to be afraid of them, and to realize when punishment is futile. It casts a valuable light upon the 'mechanisms' underlying so many social and individual activities, including art, music, literature, religion, legal principles and practices, customs, crafts and even science, without diminishing their higher values, that it seems that the more people who are analysed the better for society. This is no more objectionable than the dissection of the human body in medicine.

Short Bibliography

ABRAHAM, K. *Selected Papers on Psycho-analysis.* Hogarth Press, London, 1949

ALEXANDER, F. *Fundamentals of Psycho-analysis.* Allen and Unwin, London, 1949

BERG, C. *Deep Analysis.* Allen and Unwin, London, 1947

BERG, C. *Clinical Psychology.* Allen and Unwin, London, 1948

BOWLBY, JOHN. *Maternal Care and Mental Health.* World Health Organization, Geneva, 1951

BRILL, A. A. *The Basic Writings of Sigmund Freud.* The Modern Library, New York, 1938

DURBIN, E. F. M. and BOWLBY, J. *Personal Aggressiveness and War.* Kegan Paul, London, 1939

FAIRBAIRN, W. R. D. *Psycho-analytic Studies of the Personality.* Tavistock Publications, 1952

FENICHEL, O. *Outline of Clinical Psycho-analysis.* Kegan Paul, London, 1934

FENICHEL, O. *The Psycho-analytic Theory of the Neuroses.* Kegan Paul, London, 1946

FERENCZI, S. *Further Contributions to the Theory and Technique of Psycho-Analysis.* Hogarth Press, London, 1926

FLUGEL, J. C. *The Psycho-analytic Study of the Family.* Hogarth Press, London, 1921

FLUGEL, J. C. *The Psychology of Clothes.* Hogarth Press, London, 1930

FLUGEL, J. C. *Man, Morals and Society.* Duckworth, London, 1945

FORSYTH, P. *The Technique of Psycho-analysis.* Kegan Paul, London, 1922

FOULKES, S. H. *Introduction to Group-analytic Psychotherapy.* Heinemann, London, 1948

FREUD, A. *The Ego and the Mechanisms of Defence.* Hogarth Press, London, 1948

FREUD, S. *An Autobiographical Study.* Hogarth Press, London, 1935

FREUD, S. *An Outline of Psycho-analysis.* Hogarth Press, London, 1949

FREUD, S. *Beyond the Pleasure Principle.* Hogarth Press, London, 1950

FREUD, S. *Group Psychology and the Analysis of the Ego.* Hogarth Press, London, 1922

FREUD, S. *Inhibitions, Symptoms and Anxiety.* Hogarth Press, London, 1936

FREUD, S. *Introductory Lectures on Psycho-analysis.* Allen and Unwin, London, 1940

FREUD, S. *New Introductory Lectures on Psycho-analysis.* Hogarth Press, London, 1933

FREUD, S. *Psychopathology of Everyday Life.* Ernest Benn, London, 1935

FREUD, S. *The Ego and the Id.* Hogarth Press, London, 1927

FREUD, S. *The Interpretation of Dreams.* Hogarth Press, London, 1922

FREUD, S. *The Question of Lay Analysis.* Imago, London, 1947

FREUD, S. *Three Contributions to the Theory of Sex.* Imago, London, 1949

FREUD, S. *Totem and Taboo.* Kegan Paul, London, 1950

FREUD, S. *Wit and its Relation to the Unconscious.* T. Fisher Unwin, London, 1916

FRY, R. *The Artist and Psycho-analysis.* Hogarth Essays, London, 1924

GLOVER, E. *Psycho-Analysis.* Bale, London, 1939

GLOVER, E. *Freud or Jung.* Allen and Unwin, London, 1950

ISAACS, S. *Childhood and After.* Routledge, London, 1948

ISAACS, S. *Social Development in Young Children.* Routledge, London, 1933

JONES, E. *Essays in Applied Psycho-analysis.* Hogarth Press, London, 1951

JONES, E. *Papers on Psycho-analysis.* Ballière, Tindall & Cox, London, 1923

JONES, E. (Ed.). *Social aspects of Psycho-analysis.* Williams and Norgate, London, 1924

KLEIN, M. *The Psycho-analysis of Children.* Hogarth Press, London, 1932

KLEIN, M. *Contributions to Psycho-analysis: 1921-1945.* Hogarth Press, London, 1948

KLEIN, M. and RIVIERE, J. *Love, Hate and Reparation.* Hogarth Press, London, 1937

KLEIN, M., HEIMANN, P., ISAACS, S., and RIVIERE, J. *Developments in Psycho-analysis*, Hogarth Press, London 1952

LAFORGUE, R. *Clinical Aspects of Psycho-analysis.* Hogarth Press, London, 1938

LORAND, S. *Psycho-analysis Today.* Allen and Unwin, London, 1948

MIDDLEMORE, M. P. *The Nursing Couple.* Hamilton, London, 1941

REIK, T. *The Inner Experience of a Psycho-analyst.* Allen and Unwin, London, 1949

RICKMAN, J. *A General Selection of the Works of Sigmund Freud.* Hogarth Press, London, 1937

RICKMAN, J. *Sigmund Freud's Civilization, War and Death.* Hogarth Press, London, 1939

RIKLIN, F. *Wish Fulfilment and Symbolism in Fairy Tales.* Nerv. and Ment. Dis. Monogr. series, no. 21, New York, 1915

ROHEIM, G. *The Riddle of the Sphinx.* Hogarth Press, London, 1934

SACHS, H. *Sigmund Freud: Master and Friend.* Harvard Univ. Press, U.S.A., 1944

SCHILDER, P. *Introduction to a Psycho-analytic Psychiatry.* Nerv. and Ment. Dis. Monogr. series, no. 50, New York, 1928

SECHEHAYE, M. A., *Symbolic Realization.* Int. Univ. Press, New York, 1952

SHARPE, E. F. *Collected Papers on Psycho-analysis.* Hogarth Press, London, 1950

SUTTIE, I. D. *The Origins of Love and Hate.* Kegan Paul, London, 1935

WEST, R. *Conscience and Society.* Methuen, London, 1942

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